

A Behavioral Protocol for Increasing Initiation, Decreasing Adynamia

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Part 1: Task Analyses

Task Analysis involves breaking any task or chore or complex procedure into single, logically sequenced steps & recording the steps in a Checklist. The checklist allows checking off each step as it is completed. Task analyses always make task initiation, completion & follow through much easier. Performing a Task Analysis and generating a checklist can greatly improve ability to perform tasks in persons with limitations in memory, attention, energy, initiative, ability to sustain performance, organization, or almost any other difficulty.

Task Analysis Checklists are also extremely useful in minimizing fatigue by reducing the demand for, and energy consumed by reasoning and problem solving associated with planning, organizing & having to recall, make decisions & prioritize appropriate steps and sequences for a task. Task analyses are useful for both basic and complex behaviors. Most importantly, Task Analyses allow re-establishing the efficient routines that make up normal everyday human behavior and activity. When the procedures assisted by Task Analyses are repeated consistently, they eventually become automatic [habits] and become as natural as tying a shoe.

The ingredients for rebuilding these automatic habits are the 3 P's: Plan, Practice, Promotional Attitude (see additional handout). The result is *rehabilitation*, or removing obstacles to independence, and systematic achievement of incremental goals in desirable life areas.

Case Study #1:

Rehabilitation Loss of Initiative - Drive Following Anterior Communicating Artery Stroke

Background:

AT is 52yo high school principle who sustained an ACoA aneurysm that produced three week coma, inability to return to work. Premorbidly, AT worked 50 - 55 hours per week, and engaged in activities with children, yardwork, weekend activities, etc., and was reported to have a slightly above average activity level. He was seen 1.5 yrs post, about the time his wife was trying almost a last effort before divorce, because he wouldn't get out of bed most mornings before early afternoon, would return to bed after getting out and completing only one or two poorly executed grooming or washing tasks, and wouldn't shave, do nails, get haircut, etc. Patient complained of primary, pervasive lack of energy ("I got no get up and go...it's too hard...just let me sit/lay here a while...").

Intervention:

Amantadine was initiated, with only the slightest noticeable improvement. Psychostimulants produced side effects greater than energy / initiative increase.

A behavioral plan was initiated that included designing a Task Analysis (see below), represented as a poster check list. AT was cued by his wife, family, to follow steps, and showed almost immediate improvement with structured task analysis. Within three weeks, he was able to

complete the routine without fail and even without referring to the check list, although he did initially require some supervision with getting out of bed to start the routine. Eventually, he was able to set and respond consistently to the alarm and independently initiate and complete the routine.

Concurrently, a contingency management plan was adopted, involving patient rating difficulty of tasks preferred by wife, wife rating desirability of these, patient rating desirability of a few hard to identify motivating appetitive interest rewards (only a few could be identified at first: foot massage, home made chocolate cream pie, sex, etc; over a couple months, a list of approx. 20 was identified, with increased activity being associated with identifying new motivating rewards), wife rating difficulty of providing rewards, with results compiled into a simple multiplication calculation (i.e., desirability X difficulty on 1-10 rating scale) that produced points for performed activities that could be exchanged for appetitive desires.

Outcome:

Data are represented in a proliferation in number of activities, increasing from an average of about 10 per week pre-program (with requirement of considerable effort and cueing) to an agreed quota of 50 per week, usually with minimal cueing, after implementation. Patient become semi-autonomous with activity completion, needing only minimal supervision from wife most of time (e.g., occasional calls, reminders about chores that could be completed), and more intense supervision, cues, phone call reminders, at other times. Every change in routine (e.g., holidays) produced regression and return for a booster treatment session, but the behavioral management strategies were mostly adopted by his family so reduced need for formal intervention was noted. Eventually, his family devised a contingency wherein patient could 'prime' his own pump by increasing activities back to quota to avoid having to visit psychologist (1 hour drive, and extremely fatiguing and unpleasant trip)

Task Analysis Sample

AT's Initiative(Automatic Habit/Energy) Retrainer

MORNING

- Wash Face
- Shave
- Apply medication to face if needed
- Brush Teeth
- Comb Hair
- Dress before "morning" nap
- Check finger nails & toe nails; trim when needed
- Check hair length and get a haircut as needed
- Shower and wash hair
- Perform an Activity/Chore (Choose from Menu)
- Check Schedule (e.g., M,W,F=Y; Tues=RedX)
- Check your appearance before leaving the house

AFTERNOON

- Fill Out Chart (Behavioral Activity Monitor & Points)
- Eat Lunch
- PowerRelaxationNap (PRN; Use Tape)
- Perform Activity or Chore (Choose from Menu Provided)

EVENING

- Eat Dinner

- PRN (PowerRelaxationNap; Use Tape)
- Engage in Evening Activity
- 10:00pm: Complete Chart (Behavioral Activity Monitor & Tally Pts)
- Shower (if not done in am; or, again?)
- Watch TV News
- Prep for Bed (PJ's, Brush Teeth, etc.)
- BedTime

Part II: Behavioral Contingency Management Programs

PURPOSE: Increase the frequency of highly desirable but infrequently occurring behaviors by rewarding their performance with highly desired outcomes or rewards.

METHOD: Identify highly reinforcing events and highly desirable behaviors and design a formal behavioral contingency program which allows exchange of points earned by performing desirable behaviors for highly rewarding events, as follows:

- (1) Explain program rationale and Identify Reinforcers (motivating rewards)
 - Complete a list of reinforcers through a collaborative effort involving therapist and client/patient, as well as caretaker/family member/staff. Interview and survey homework which includes completion of the Motivating Rewards Survey, is usually necessary; for couples or family members, administration of the "Communication Enhancement Strategies: Pleasures/ Displeasures Survey" may be helpful.
 - Rate Reinforcers (from 1 to 10) according to:
 - Amount of perceived Enjoyment/Reward (usually completed by the client, patient, etc.)
 - Amount of perceived Provision Difficulty (usually completed by the caretaker, spouse, parent, staff, etc.)
- (2) Identify Desirable Behaviors (reward worthy desirable behaviors)
 - Complete a list of desirable behaviors or behaviors which are targeted for increase in frequency of occurrence, through collaboration between therapist and caretaker/family members/staff, as well as client/patient. Interview and Homework, including completion of structured lists, is usually necessary; for couples of family members, administration of the "Communication Enhancement Strategies: Pleasure/ Displeasure Survey" may be helpful Administration of the Neurobehavioral Symptom Checklist is recommended.
 - Rate Desirable Behaviors (from 1 to 10) according to:
 - Desirability, or how desirable they are (usually completed by the spouse, caretaker, staff, etc)
 - How Difficult they are to Provide (usually completed by the client, patient, etc.)
- (3) Compute Point Values
 - Reinforcer Values or Motivating Rewards, representing number of points required for purchase (formula: Reward Value = Enjoyability rating X Provision Difficulty rating)
 - Desirable Behavior reward points, representing number of points awarded (formula: Earned Points = Desirability rating X Provision Difficulty rating)
- (4) Complete Motivating Rewards and Rewardable/Desirable Behavior Goals Forms. Review, discuss and modify as deemed appropriate

- (5) Provide a form for recording transactions regarding point accumulation for desirable behavior completion and exchanging earned points for motivating rewards (i.e., "The Bank"). Instruct participants in program function, and begin program
- (6) Assess results, solicit feedback and revise program to increase effectiveness (i.e., alteration of point values, addition of new rewards or desired behaviors, reinforce, etc.)
- (7) Reinforce progress, continued participation, perceptions of control, etc.

Case Study#2

Rehabilitating Efficiency in Everyday Routine Following Traumatic Brain Injury.

Background:

Brain Injury Rehab Professional who sustained a complicated mild TBI with 8 hr. PTA and right parietal bleed that spontaneously resolved. Despite returning to work within one week to regular job, part time, and increasing to full time in one month, it was noted, after almost two years post injury, with adequate adaptation at work and no reported change from preinjury level of performance, that many ordinary daily routines were significantly less efficient, more time consuming, etc., with subsequent reduction in time for personal life. For example, taking more time to dress in am meant getting to work later, having to stay later, returning home in greater fatigue, reducing time available for desirable activities, etc. A task analysis was employed to identify employed tasks and sequences employed prior to injury.

Outcome:

Upon implementation, reinstatement of approximate premorbid level of everyday efficiency, as gauged by self reported estimate of time required to dress in am, maintain a relatively clean house, engage in social activities, pursue dating, etc. The list was employed for several weeks before storing away and only reviewing once or twice in the following year. Follow up one year later revealed that most, albeit not all, efficiency habits had been maintained (e.g., house cleaning habits were less consistently followed).

Single Doctor Chores CheatList (summary)

BATHROOM

- Dust around the Mirror and Light and Window, including the tops of the light and mirrors and window sills.
- Dust, with a damp cloth, around the windowsills, on the front of the blinds and the back (reverse sides by adjusting slats up and down), and along the tile division.

Tub and Toilet (bi-weekly)

- Wipe down the bathtub walls, going to the ceiling.
- Use cleanser and a brush to quickly wipe grime in the tub, and scum stains on the wall.
- Use soapy brush to quickly wash and rinse the inside shower curtain.
- With a soapy disinfectant, clean the toilet top, seat, behind the seat, and under the seat, along the walls to the floor
- Fold all tiles neatly on the tile racks

Floor (weekly)

- Sweep the floor, including behind the toilet.

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- Take out the rug and shake it off of the porch vigorously to remove dirt and dust.
- Remove and empty the garbage can.
- Mop the floor, using ammonia or Clorox and be sure to get behind the toilet.
- Use a rag to get the floor behind the toilet. Be sure to get in all the nooks and crannies along the edges of the floor, near the tub, etc.

LIVING ROOM (bi-weekly)

- Dust Furniture, including all shelves
- Use broom/duster to dust along all baseboards, window sills, ceiling molding & fireplace mantle
- Sweep and Vacuum Under Rugs
- Sweep and Vacuum Floors
- Vacuum the couch, love seat, and chair

KITCHEN (weekly)

- Empty Trash Can
- Clean Top of Refrigerator and Microwave (Wet Soapy Cloth)
- Clean Inside Refrigerator and Microwave
- Wash Any Dishes and Clean Sink with Cleanser
- Clean Sink and Surrounding Countertop
- Sweep, and then Mop Floor

STUDY/OFFICE, DINING ROOM ...

BEDROOM

- Dust dresser tops, around doors and windows, and along baseboard and ceiling molding

LAUNDRY

- 9:00am Saturday: Take Clothes to Dry Cleaners before 10:am
- 5:00pm Saturday: Pick up clothes from Dry Cleaners and Arrange in closet
- 10:00am Sunday: Launder socks, underwear, bathroom towels, bed sheets, etc.
- 11:00am Sunday: Use Dryer & Fold & replace clothes when done. Hang Dry other clothes
- 11:20am Sunday: Steam mist to refresh any pants, shirts in need
- Sunday 9:00pm: Fold, hang, put away dry clothes

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**BEHAVIORAL MANAGEMENT PROGRAMS:
CONTINGENCY CONTRACT**
(Rough Draft)

PURPOSE: Increase the frequency of highly desirable but infrequently occurring behaviors by rewarding their performance with highly desired outcomes or rewards.

METHOD: Identify highly reinforcing events and highly desirable behaviors and design a formal behavioral contingency program which allows exchange of points earned by performing desirable behaviors for highly rewarding events, as follows:

- (1) Explain program rationale and Identify Reinforcers (motivating rewards)

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- Complete a list of reinforcers through a collaborative effort involving therapist and client/patient, as well as caretaker/family member/staff. Interview and survey homework which includes completion of the Motivating Rewards Survey, is usually necessary; for couples or family members, administration of the "Communication Enhancement Strategies: Pleasures/ Displeasures Survey" may be helpful.
- Rate Reinforcers (from 1 to 10) according to:
 - Amount of perceived Enjoyment/Reward (usually completed by the client, patient, etc.)
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- (5) Provide a form for recording transactions regarding point accumulation for desirable behavior completion and exchanging earned points for motivating rewards (i.e., "The Bank"). Instruct participants in program function, and begin program
- (6) Assess results, solicit feedback and revise program to increase effectiveness (i.e., alteration of point values, addition of new rewards or desired behaviors, reinforce, etc.)
- (7) Reinforce progress, continued participation, perceptions of control, etc.

INSTRUCTIONS: Please review with ___ the number of earned points at the end of each shift for each day, and add them as a Bank Deposit, signing off with staff initial. Anytime that Scott makes a points withdrawal, indicate the amount as a withdrawal, sign off with initial, withdraw it from the total amount deposited and include the sum under the "Balance" (again signing off)

Instructions: Please record all enjoyable stimuli or events (present, past, or potential)

MOTIVATING REWARDS SURVEY For _____			
1 EATING			
2 WATCHING TV/ VIDEOS			
3 TRAVELING/ VISITING/LEISURE, etc.			
4 INTIMACY			
5 HOME ACTIVITIES, GAMES, etc			

3	_____:	

Instructions: Please Rate (the Following from 0 (not at all) to 10 very much) According to How (Enjoyable / Difficult to Provide) they are:

MOTIVATING REWARDS		Rating
For _____		(0=Not at all; 10=Very Much)
1	EATING	

2	TV/ VIDEOS, Going to Movies, etc..	

3	TRAVELING/ VISITING/LEISURE, etc.	

4	INTIMACY	

2	_____:	
3	_____:	

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Task Analysis (TA) Protocol

TA involves breaking any task, chore or complex procedure into single, logically sequenced steps & recording the steps in a Checklist. The list can be checked off as completed. TA's always make task initiation, completion & follow through much easier. Performing a TA and generating a checklist can greatly improve ability to perform tasks in persons with limitations in memory, attention, energy, initiative, ability to sustain performance, organization, etc.

Task Analysis Checklists are also extremely useful in minimizing fatigue by reducing energy demands required by memory, planning, organization, prioritizing and deciding the sequences for a task. Task analyses are useful for both basic and complex behaviors. Once completed, task analyses allow performance of tasks or routines without assistance from others. Most importantly, through repetition and relearning, they re-establishing the efficient routines that make up normal everyday human activity. When the procedures assisted by Task Analyses are repeated consistently, they eventually become automatic [habits] and become as automatic and effortless as tying a shoe.

The ingredients for rebuilding these automatic habits are the 3 P's: **P**lan, **P**ractice, **P**romotional Attitude. The result is rehabilitation, or replacing obstacles with efficient habits that increase independence.

Several samples of different types of activities (tasks, cleaning routines, daily schedules) follow:

TA Samples: Single Tasks

Weekly Shopping Checklist

- MILK
- PAPER PLATES/CUPS
- HAND LOTION
- CHEESE
- NAPKINS
- CHAP STICK
- BUTTER
- PAPER TOWELS
- SHAMPOO
- EGGS
- PLASTIC WRAP
- AFTER SHAVE
- FRUIT
- TRASH BAGS

'Making A Bed' Cheatlist

- 1. Strip sheets, blankets and pillow cases
- 2. Put blankets and pillows on table
- 3. Take break
- 4. Get sheets and pillow cases from closet doing with Mom:
- 5. Put on fitted sheet
- 6. Put on top sheet, evening it out
- 7. Put on blankets and tuck in corners
- 8. Put pillow cases on pillow
- 9. Put comforter on bed

At This time

1. Remove Cleaner and Parts From the Closet

- canister handle floor brush hand brush, crevice

2. Unwind Power cord

3. Decide task

- carpets
- wood/vinyl floors
- hand dusting
- change dust bag

4. For Carpets

- attach power handle
- adjust carpet level on canister
- turn on power
- vacuum first in main traffic paths and then to the sides
- turn off power

5. For Hard Floors

- attach long handle brush
- turn on power
- vacuum from the center outward
- turn off power
- remove handle
- clean brush head with vacuum power

6. For Hand Dusting

- attach brush head to hand grip
- turn on power
- carefully dust all surfaces
- turn off power
- remove brush and clean it with vacuum handle

7. Change Dust Bag

- when red light on canister comes on, or check monthly
- when bag supply is low, purchase more at Sears. Bring code# to store.

- open canister, carefully pull bag off attachment.

- place dirty bag carefully into the trash

- put new bag following reverse procedure

8. After Cleaning

- recoil power cord into canister
- store all parts in the closet

TA Sample: Daily Habits & Routines

AT's Initiative/Energy Retrainer

MORNING

- Wash Face
- Shave
- Apply medication to face if needed
- Brush Teeth
- Comb Hair
- Dress before "morning" nap
- Check finger nails & toe nails; trim when needed
- Check hair length and get a haircut as needed
- Shower and wash hair
- Perform an Activity/Chore (Choose from Menu)
- Check Schedule (e.g., M,W,F=Y; Tues=RedX)
- Check your appearance before leaving the house

AFTERNOON

- Fill Out Chart (Behavioral Activity Monitor & Points)
- Eat Lunch
- PowerRelaxationNap (PRN; Use Tape)
- Perform Activity or Chore (Choose from Menu)

EVENING

- Eat Dinner
- PRN (PowerRelaxationNap; Use Tape)
- Engage in Evening Activity
- 10:00pm: Complete Chart (Behavioral Activity Monitor & Tally Pts)
- Shower (if not done in am; or, again?)
- Watch TV News
- Prep for Bed (PJ's, Brush Teeth, etc.)
- BedTime

TA Samples: Cleaning Routines

TB's Bachelor Pad Cheat Sheet

❖ I. CLEAN APARTMENT:

A. KITCHEN:

- CLEAN COUNTERTOPS DAILY
- SWEEP FLOOR DAILY
- ORGANIZE CABINETS & WIPE OFF ICE BOX
- EVERY WEDS MOP FLOOR & WIPE WALLS

B. BEDROOM

- FOLD CLOTHES OR HANG THEM UP AND STORE WHERE APPROPRIATE. DAILY
- SWEEP AND VACUUM FLOORS WHEN APPROPRIATE OR PRN
- ORGANIZE COMPUTER AREA
- EMPTY CAT BOX DAILY
- MOP FLOORS WHEN APPROPRIATE PRN

C. DEN:

- SWEEP FLOOR
- VACUUM DAILY
- DUST DAILY
- STRAIGHTEN UP DAILY
- VACUUM UP
- MOP

D. LIVING ROOM

- DUST DAILY
- STRAIGHTEN UP DAILY
- SWEEP DAILY
- VACUUM ONCE A WEEK
- MOP ONCE A WEEK
- USE A CHECKLIST TO ENSURE DOING ALL

❖ 2) SET A CLEANING SCHEDULE:

- A: DAILY DUTIES DUST, SWEEP, STRAIGHTEN UP EACH ROOM
- B: EVERY WED MOP ALL ROOMS AFTER A IS COMPLETE

Single Doctor Chores CheatList

BATHROOM

- Dust around the Mirror and Light and Window, including the tops of the light and mirrors and window sills.
- Dust, with a damp cloth, around the windowsills, on the front of the blinds and the back (reverse sides by adjusting slats up and down), and along the tile division.

Tub and Toilet

- Wipe down the bathtub walls, going to the ceiling.
- Use cleanser and a brush to quickly wipe grime in the tub, and scum stains on the wall.
- Use soapy brush to quickly wash and rinse the inside shower curtain.
- With a soapy disinfectant, clean the toilet top, seat, behind the seat, and under the seat, along the walls to the floor
- Fold all tiles neatly on the tile racks

Floor

- Sweep the floor, including behind the toilet.
- Take out the rug and shake it off of the porch vigorously to remove dirt and dust.
- Remove and empty the garbage can.
- Mop the floor, using ammonia or Clorox and be sure to get behind the toilet.
- Use a rag to get the floor behind the toilet. Be sure to get in all the nooks and crannies along the edges of the floor, near the tub, etc.

LIVING ROOM

- Dust Furniture, including all shelves
- Use broom/duster to dust along all baseboards, window sills, ceiling molding & fireplace mantle
- Sweep and Vacuum Under Rugs
- Sweep and Vacuum Floors
- Vacuum the couch, love seat, and chair

KITCHEN

- Empty Trash Can
- Clean Top of Refrigerator and Microwave (Wet Soapy Cloth)
- Clean Inside Refrigerator and Microwave

- Wash Any Dishes and Clean Sink with Cleanser
- Clean Sink and Surrounding Countertop
- Sweep, and then Mop Floor

STUDY/OFFICE

DINING ROOM

BEDROOM

- Dust dresser tops, around doors and windows, and along baseboard and ceiling molding

LAUNDRY

- 9:00am Saturday: Take Clothes to Dry Cleaners before 10:am
- 5:00pm Saturday: Pick up clothes from Dry Cleaners and Arrange in closet
- 10:00am Sunday: Launder socks, underwear, bathroom towels, bed sheets, etc.
- 11:00am Sunday: Use Dryer & Fold & replace clothes when done. Hang Dry other clothes
- 11:20am Sunday: Steam mist to refresh any pants, shirts in need
- Sunday 9:00pm: Fold, hang, put away dry clothes

TA Samples: Daily Activity Trainers

DH's Daily Plan Checklist

MORNING

- Wake 6:00 AM to the Alarm Clock
- Take Medication
- Make Bed
- Shower
- Get Dressed
- Comb Hair
- Make and eat breakfast
- Clear, rinse, stack breakfast dishes (for pm wash)
- Wipe counter, table stovetop if needed
- Feed animals
- Brush teeth
- Gather items to take for the day
- Leave house at 7:00; go to Grandma's

REHAB CENTER

- Arrive between 7:30-8:00Am by van
- Follow Morning Schedule (In Rehab SchedBook)
- Lunch at 11:30, Take medication
- Follow Afternoon schedule
- Leave for Grandma's between 3:30-4:00

LATE AFTERNOON

- Dinner at Grandma's & take medication
- Home between 6:00-7:00PM
- Get mail, read & sort; put bills on microwave

EVENING: PREPARE FOR THE NEXT DAY

Laundry if needed (clothes, sheets, bath/kit towels)

- separate colors and whites
- set water level
- put soap in
- put clothes in
- turn on
- put clothes in dryer - set timer for 45min
- Listen for Buzzer - fold when dry
- PUT CLOTHES AWAY: Drawers/Closets

Kitchen

- wash dishes
- wipe off countertops, stovetop;
- rinse out sink
- sweep floor; mop if needed
- Change or empty cat litter if needed
- Vacuum Carpet/Rugs if needed
- Dust Furniture if needed

Bathroom if needed

- clean sink, tub, countertop
- put toilet cleaner in toilet
- clean floor, mirror
- wash toilet inside and out
- change towels, mat, washcloths
- Check off things needed on list; write out list when going shopping -Keep list in kitchen drawer

Pick & lay out clothes to wear for the next day
Relax/Free Time

Prepare for Bed

- Floss/Brush Teeth
- Wash Face
- Shave
- Put away clothes (in hamper or drawer/closet)
- Set Alarm for 6:00AM

DG's Daily Checklist

MORNING

- _____ WAKE 5:30 AM TO THE ALARM CLOCK
- _____ TAKE A SHOWER-Wash and condition hair
- _____ SHAVE
- _____ PUT COLOGNE ON
- _____ COMB HAIR
- _____ PUT DEODORANT ON
- _____ BRUSH TEETH
- _____ GET DRESSED
- _____ MAKE BED
- _____ AT 6:00 AM TAKE MEDICATION
- _____ MAKE AND EAT BREAKFAST
- _____ CLEAR, RINSE, STACK BREAKFAST DISHES TO PREPARE FOR PM

WASHING

- _____ WIPE COUNTER, TABLE, STOVE TOP IF NEEDED
- _____ BRUSH TEETH
- _____ GATHER ITEMS TO TAKE FOR DAY - including medication
- _____ AT 7:00 AM LEAVE HOUSE & GO TO PICK-UP POINT FOR

SHELTERING ARMS

- _____ LOCK DOOR

REHAB CENTER

- _____ ARRIVE 8:00-8:30 AM BY THE VAN
- _____ FOLLOW MORNING SCHEDULE
- _____ LUNCH AT 11:30, TAKE MEDICATION
- _____ FOLLOW AFTERNOON SCHEDULE
- _____ LEAVE BETWEEN 3:30-4:00 PM TO GO TO THE PICK-UP POINT

LATE AFTERNOON

- _____ TAKE MEDICATION AT 6:00 PM
- _____ GET MAIL, READ & SORT, PUT BILLS IN APPT BOOK TO GIVE TO MY SEC.

- _____ BUSINESS RELATED ACTIVITIES
- _____ CHECK FOR MESSAGES
- _____ RETURN CALLS
- _____ MAKE DINNER

EVENING: PREPARE FOR THE NEXT DAY

KITCHEN

- _____ wash dishes
- _____ wipe off countertops, stovetop
- _____ rinse out sink
- _____ sweep floor, mop if needed
- _____ CHANGE /EMPTY TRASH CAN - If Needed

LAUNDRY IF NEEDED (CLOTHES, SHEETS BATHROOM& KITCHEN TOWELS)

- _____ separate colors and whites
- _____ set water level _____ put soap in
- _____ put clothes in _____ turn on
- _____ put clothes in dryer
- _____ fold when dry

PUT AWAY CLOTHES: DRAWERS/ CLOSET

- _____ VACUUM CARPET/RUGS IF NEEDED
- _____ DUST FURNITURE IF NEEDED

BATHROOM IF NEEDED

- _____ clean sink, tub, countertop
- _____ put toilet cleaner in toilet
- _____ clean floor
- _____ wash toilet inside and out
- _____ change towels, mat, washcloths
- _____ WATER PLANTS ON FRIDAY IF SOIL DRY
- _____ CHECK OFF THINGS NEEDED ON LISTS, WRITE OUT LIST WHEN

GOING

- _____ SHOPPING - KEEP LIST ON KITCHEN COUNTER
- _____ PICK AND LAY OUT CLOTHES TO WEAR FOR NEXT DAY
- _____ GATHER AND ORGANIZE ITEMS TO BRING FOR NEXT DAY

**RELAX/FREE TIME
PREPARE FOR BED**

- _____ BRUSH TEETH
- _____ WASH FACE
- _____ SHAVE
- _____ PUT AWAY CLOTHES (in hamper or drawer)
- _____ PUT ON SWEATS
- _____ SET ALARM FOR 5:30 AM

L's Automatic Habit Retrainer

MORNING

- Get up When Awakened**
- Take Morning Medications, with Water**
- Go to Bathroom**
- _____ Wash Face
- Go to Kitchen**
- _____ Drink Coffee and
- _____ Eat Breakfast
- Go back to Bathroom and Brush Teeth**
- Go to Bedroom and**
- _____ Remove Nightie
- _____ Put on Panties & Bra
- _____ Look on Bed and Put on Clothes that have Been Laid out
- _____ Put Top on _____ Put Bottom on _____ Put Socks on _____ Put
- _____ Shoes on
- _____ Get Hairbrush and Brush Hair (with help)
- Finish any Remaining Milk or Coffee**
- Get Memory Book**
- _____ Check for Pen - get one from kitchen table if needed
- Go To DayCenter**
- _____ Take Memory Logbook and Pen
- _____ Go out Front Door and Go To Car
- _____ Open Car Passenger Door
- _____ Get in Car
- _____ Shut Car Door
- _____ Leave for DayCenter
- Arrive at DayCenter**
- _____ Go to Activity Board
- _____ See Daily Scheduled Events
- _____ Participate in Activities
- _____ Write down in log book each activity

LUNCHTIME

- Eat Lunch at Lunchtime
- Take Medication with Lunch
- Participate in Afternoon Activities
- _____ Write down in log book each activity
- Leave DayCenter to Return Home**

EVENING

- Listen to Music Tapes**
- _____ Go to Mom's Bedroom and Get Music Tapes from Table
- _____ Return to Rec Room
- _____ Choose and Play a Tape
- _____ When Finished Return Tapes to Mom's Bedroom Table
- Dinner Time**
- _____ Go To Kitchen _____ Eat Dinner

BEDTIME

- Work on Memory Book and Complete for Day**
- Get Nightie From Bed**
- Go To Bathroom**
- Shower**
- _____ Take Clothes Off
- _____ Turn Water On _____ Get in Shower
- _____ Pick up Soap
- _____ Put Soap on Scrubber
- _____ Wash Self with Scrubber
- _____ Wash Soap Off
- _____ Wet Hair Thoroughly
- _____ Put Shampoo On
- _____ Make Sure There is Plenty of Shampoo
- _____ Shampoo Hair Thoroughly
- _____ Rise Hair Thoroughly
- _____ Shut Water Off
- _____ Get Towel _____ Dry Off
- _____ Get out of Shower
- _____ Put on Nightie

- Put on Face Lotion and Rinse
- Brush Teeth
- Go To Bedroom**
- Get HairDryer from Bed
- Plug in and Turn on
- Take Evening Medication
- Floss Teeth
- Set Alarm Clock for 7:30
- Go To Bed**

- Take Clothes Upstairs (with help)
- Put Clothes in Drawer (with help)

Kevin's Daily Task Initiatives

MORNING

- 6:00am - Rise to Alarm
- Go To Bathroom - Toilet and Wash Hands
- Prepare Breakfast
- 6:30am - Eat
- Put Dishes in Sink and Clean Counter
- 7:00am - Dress
- Brush Teeth
- Brush Hair
- Pack Book bag - Lunch Tickets, Keys, Schedule
- 8:00am, Get Ready to Catch Bus

CIVITAN

- 8:30 - Bathroom - Toilet, Wash Hands
- 9:00 - Check Productivity
- 10:30 - Check Productivity
- 12:00 - Bathroom - Toilet, Wash Hands
- 12:30 - Eat Lunch
- 1:00 - Clean Up
- 2:00 - Bathroom - Toilet, Wash Hands
- 2:30 - Break
- 3:00 - Check Productivity
- 4:00 - Get Ready for Bus

EVENING

- 4:30 - Bathroom - Toilet, Wash Hands
- 4:45 - Prepare Dinner
- 5:00 - Eat Dinner
- 5:30 - Clean Table
- Prepare Lunch for Next Day
- Clean Dishes in Sink
- Clean Counter
- Bathroom - Shower and Clean Tub
- Dress
- Pick up Bedroom - Put Clean Clothes in Drawer/ Dirty Clothes in Basket
- Make Bed
- Free Time
- 9:30 - Prepare for Bed - Toilet, Wash Hands, Brush Teeth & SET ALARM
- 10:00 - In Bed - Sleep

Kevin's Special Duties
Automatic Habit/Energy/Initiative Retrainer

ONCE PER WEEK:

DAY/Time: _____

- Change Bed
- Vacuum Floor
- Dust
- Wash Kitchen Floor
- Wash Bathroom Floor
- Scrub Bath Tub
- Scrub Bathroom Sink
- Scrub Kitchen Sink

THREE WASH LOADS PER WEEK

DAYS/Time: _____

- Gather Clothes
- Take to Basement
- Sort Clothes
- Load Washer and Start
- Load Dryer
- Fold Clothes (with help)

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A Behavioral Protocol for Increasing Initiation and Activity

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Task Analysis involves breaking any task or chore or complex procedure into single, logically sequenced steps and recording the steps in a Checklist. The checklist allows checking off each step as it is completed. Task analyses always make task initiation, completion & follow through much easier. Performing a Task Analysis and generating a checklist can greatly improve ability to perform tasks in persons with limitations in memory, attention, energy, initiative, ability to sustain performance, organization, or almost any other difficulty.

Task Analysis Checklists are also extremely useful in minimizing fatigue by reducing the demand for, and energy consumed by reasoning and problem solving associated with planning, organizing and having to recall, make decisions and prioritize appropriate steps and sequences for a task. Task analyses are useful for both basic and complex behaviors. Most importantly, Task Analyses allow re-establishing the efficient routines that make up normal everyday human behavior and activity. When the procedures assisted by Task Analyses are repeated consistently, they eventually become automatic habits & become as natural as tying a shoe.

The utility of Task Analyses was discovered very early in the career of the author, when on an inpatient rehabilitation unit, he witnessed incredible struggles between therapists and patients with fatigue and initiation difficulties. What had taken weeks and months of rehabilitation only to produce unsuccessful and negative interactions for persons with MS, anterior communicating artery aneurysm bursts, and other disorders where fatigue and initiation are cardinal features, was noted to be reduced to days given adoption of simple task analytic procedures.

The ingredients for rebuilding these automatic habits are the 3 P's: Plan, Practice, Promotional Attitude (see <http://go.to/MFMartelliPhD> for relevant readings). The result is rehabilitation, or removing of obstacles to independence and systematic achievement of incremental goals in desirable life areas.

Case Study #1: Rehabilitating Loss of Initiative Following Anterior Communicating Artery Stroke

Background: AT, 52 yo high school principal who sustained an ACoA aneurysm that produced three week coma, inability to return to work. Premorbidly, AT worked 50 - 55 hours per week, and engaged in activities with children, yard work, weekend activities, etc., as was reported to have a slightly above average activity level. Seen 1.5 yrs post, about the time his wife was trying last effort before divorce, because he wouldn't get out of bed most mornings before early afternoon, would return to bed after getting out after completing only one or two poorly executed grooming or washing tasks, wouldn't shave, do nails, get haircut, etc. AT complained of primary, pervasive lack of energy ("I got no get up and go...it's too hard...just let me sit/lay here a while...").

Intervention: Amantadine was initiated, with only the slightest noticeable improvement. Psychostimulants produced side effects greater than energy/initiative increase. A behavioral plan included designing a Task Analysis (see below), represented as a poster check list (attached below). AT was cued by his wife, family, to follow steps, and showed immediate improvement with structured task analysis, and within three weeks, was able to complete the routine without fail, without referring to the check list, but initially did require some supervision with getting out of bed to start routine. Eventually, he was able to respond consistently to alarm and independently initiate and complete routine. Concurrently, a contingency management plan (see below) was adopted, involving AT rating difficulty of tasks preferred by wife, wife rating desirability of these, AT rating desirability of a few hard to identify motivating appetitive interest rewards (only a few could be identified at first: foot massage, home made chocolate cream pie, sex, etc; over a couple months, a list of approximately 20 was identified, with increased activity being associated with identifying new motivating rewards), wife rating difficulty of providing rewards, with results compiled into a simple multiplication calculation (i.e., desirability X difficulty on 1-10 rating scale) that produced points for performed activities that

could be exchanged for appetitive desires.

Outcome: Data are represented in proliferation in # of activities, increasing from average of about 10 per week pre-program (with requirement of considerable effort and cueing) to agreed quota of 50 per week, usually with minimal cueing, after implementation. AT became semi-autonomous with activity completion, needing minimal supervision from wife most of time (e.g., occasional calls, reminders about chores that could be completed), and more intense supervision, cues, phone call reminders, at other times. Every change in routine (e.g., holidays) produced regression and return for booster session, but the behavioral management strategies were mostly adopted by family, so reduced need for formal intervention was noted. Eventually, family devised contingency wherein patient could prime his own pump somewhat by increasing activities back to quota to avoid having to visit psychologist (1 hour drive, and extremely fatiguing and unpleasant trip).

Task Analysis Sample

AT's Initiative(Automatic Habit/Energy) Retrainer

MORNING

- Wash Face
- Shave
- Apply medication to face if needed
- Brush Teeth
- Comb Hair Dress before "morning" nap
- Check finger nails & toe nails; trim when needed
- Check hair length and get a haircut as needed
- Shower and wash hair
- Perform an Activity/Chore (Choose from Menu)
- Check Schedule (e.g., M,W,F=Y; Tues=Red X)
- Check your appearance before leaving the house

AFTERNOON

- Fill Out Chart (Behavioral Activity Monitor & Points)
- Eat Lunch
- Power Relaxation Nap (PRN; Use Tape)
- Perform Activity or Chore (Choose from Menu Provided)

EVENING

- Eat Dinner
- PRN (Power Relaxation Nap; Use Tape)
- Engage in Evening Activity
- 10:00 pm: Complete Chart (Activity Monitor & Tally Points)
- Shower (if not done in am; or, again?)
- Watch TV News
- Prep for Bed (P.J's, Brush Teeth, etc.)
- Bed Time

Behavioral Contingency Management Programs

PURPOSE: Increase the frequency of highly desirable but infrequently occurring behaviors by rewarding their performance with highly desired outcomes or rewards.

METHOD: Identify highly reinforcing events and highly desirable behaviors and design a formal behavioral contingency program which allows exchange of points earned by performing desirable behaviors for highly rewarding events, as follows:

(1) Explain program rationale and Identify Reinforcers (motivating rewards)

Complete a list of reinforcers through a collaborative effort involving therapist and client/patient, as well as caretaker/family member/staff. Interview and survey homework which includes completion of the Motivating Rewards Survey, is usually necessary; for couples or family members, administration of the "Communication Enhancement Strategies: Pleasures/Displeasures Survey" may be helpful. Rate Reinforcers (from 1 to 10) according to: Amount of perceived Enjoyment/Reward (usually completed by the client, patient, etc.), Amount of perceived Provision Difficulty (usually completed by the caretaker, spouse, parent, staff, etc.)

(2) Identify Desirable Behaviors (reward worthy desirable behaviors)

Complete a list of desirable behaviors or behaviors which are targeted for increase in frequency of occurrence, through collaboration between therapist and caretaker/family members/staff, as well as client/patient. Interview and Homework, including completion of structured lists, is usually necessary; for couples of family members, administration of the "Communication Enhancement Strategies: Pleasure/Displeasure Survey" may be helpful. Administration of the Neurobehavioral Symptom Checklist is recommended.

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Rate: Desirable Behaviors (from 1 to 10) according to: Desirability, or how desirable they are (usually completed by the spouse, caretaker, staff, etc), How Difficult they are to Provide (usually completed by the client, patient, etc.)

(3) Compute Point Values

Reinforcer Values or Motivating Rewards, representing number of points required for purchase (formula: Reward Value = Enjoyability rating X Provision Difficulty rating), Desirable Behavior reward points, representing number of points awarded (formula: Earned Points = Desirability rating X Provision Difficulty rating)

(4) Complete Motivating Rewards and Rewardable/Desirable

Behavior Goals Forms. Review, discuss and modify as deemed appropriate

(5) Provide a form for recording transactions regarding point accumulation for desirable behavior completion and exchanging earned points for motivating rewards (i.e., "The Bank"). Instruct participants in program function, and begin program

(6) Assess results, solicit feedback and revise program to increase effectiveness (i.e., alteration of point values, addition of new rewards or desired behaviors, reinforc, etc.)

(7) Reinforce progress, continued participation, perceptions of control, etc.

Case Study #2: Rehabilitating Efficiency in Everyday Routine Following Mild Traumatic Brain Injury (TBI)

Background: Brain Injury Rehab Professional who sustained a complicated mild TBI with 8 hr. PTA and right parietal bleed that spontaneously resolved. Despite returning to work within one week to regular job, part time, and increasing to full time in one month, it was noted, after almost two years post injury, with adequate adaptation at work and no reported change from preinjury level of performance, that many ordinary daily routines were significantly less efficient, more time consuming, etc., with subsequent reduction in time for personal life. For example, taking more time to dress in the morning meant getting to work later, having to stay later, returning home in greater fatigue, reducing available time for desirable activities, and so on. A task analysis was employed to identify tasks and sequences employed prior to injury.

Outcome: Upon implementation, reinstatement of approximate premorbid level of everyday efficiency was obtained, as gauged by self reported estimate of time required to dress in the morning, maintain a relatively clean house, engage in social activities, pursue dating, and so on. The list was employed for several weeks before storing away and only reviewing once or twice in the following year. Follow up one year later revealed that most, albeit not all, efficiency habits had been maintained (e.g., house cleaning habits were less consistently followed).

Sample Task Analysis

Single Doctor Chores Checklist

BATHROOM

- Dust around the Mirror & Light & Window, including tops of the light and mirrors and window sills.
- Dust, with a damp cloth, around the windowsills, on the front of the blinds and the back (reverse sides by adjusting slats up and down), along the tile division.

Tub and Toilet (bi-weekly)

- Wipe down the bathtub walls, going to the ceiling.
- Use cleanser and a brush to quickly wipe grime in the tub, and scum stains on the wall. Use soapy brush to quickly wash inside shower curtain.
- With soapy disinfectant, clean toilet top, seat, behind the seat, and under the seat, along the walls to the floor. Fold all tiles neatly on the tile racks

Floor (weekly)

- Sweep the floor, including behind the toilet.
- Take out the rug and shake it off of the porch vigorously to remove dirt and dust. Remove and empty the garbage can.
- Mop the floor, using ammonia or Clorox and be sure to get behind the toilet. Use rag to get floor behind the toilet.
- Be sure to get in all nooks & crannies along edges of floor, near tub, etc.

LIVING ROOM (bi-weekly)

- Dust Furniture, including all shelves
- Use broom/duster to dust along all baseboards, window sills, ceiling molding & fireplace mantle
- Sweep and Vacuum Under Rugs
- Sweep and Vacuum Floors Vacuum the couch, love seat, and chair

KITCHEN (weekly)

- Empty Trash Can
- Clean Top of Refrigerator and Microwave (Wet Soapy Cloth)
- Clean Inside Refrigerator and Microwave
- Wash Any Dishes and Clean Sink with Cleanser
- Clean Sink and Surrounding Countertop
- Sweep, and then Mop Floor

STUDY/OFFICE, DINING ROOM

BEDROOM

- Dust dresser tops, around doors and windows, and along baseboard and ceiling molding
- #### LAUNDRY
- 9:00 am Sat.: Clothes to Dry Cleaners before 10:am
 - 5:00 pm Sat: Get clothes from Cleaners; Arrange closet
 - 10:00 am Sunday: Launder socks, underwear, bathroom towels, bed sheets, etc.
 - 11:00 am Sunday: Use Dryer & Fold & replace clothes when done. Hang Dry other clothes
 - 11:20 am Sunday: Steam mist to refresh pants, shirts
 - 8:00 pm Sunday: Fold, hang, put away dry clothes

Reference

Martelli, M. F., & Zasler, N. D. (pending completion). *Practical Approaches to Neurobehavioral Rehabilitation: A handbook of coping strategies.*

XVII International Congress of Psychology Grant and Award Announcements

APA Block Travel Grant Program

The American Psychological Association has applied to the National Science Foundation (NSF) for support to administer a block travel grant program for US participants in the scientific program of the XVII International Congress of Psychology in Stockholm, Sweden, July 23-28, 2000. NSF funding will be used exclusively for scholars working in areas that are central to the NSF mission—the description, modeling, and development of human mental and perceptual processes, including learning, reasoning, problem solving, concept formation, memory attention, and perception. At least half of the awards will be granted to investigators who are either students or within eight years of receiving their doctoral degree. Applications are now available from the APA Office of International Affairs, 750 First Street, NE, Washington, DC 20002, (202) 336-6025 (telephone); (202) 218-3599 (fax); international@apa.org (e-mail).

The Sylvia Scribner International Award for a Doctoral Dissertation or Postdoctoral Project Drawing on Her Life Work

The Sylvia Scribner Award Committee will award \$250.00 derived from the royalties of the volume of her selected papers published by the Cambridge University Press for the best dissertation or postdoctoral project completed within two years after the doctorate drawing on her research and writing in socio-historical processes and activity theory. Her areas of interest were: Community Psychology, Thinking and Cultural Systems, Literacy: The Meeting of Mind and Society, Cognitive Development: Social and Individual Thinking at Work, and Psychological Research as a Societal Process.

The abstract should be submitted by the candidate or the sponsor in triplicate, along with a letter from the dissertation sponsor, or a CV for postdoctoral candidates. The award is to be presented at the 2000 International Congress of Psychology in Sweden.

All correspondence is to be sent to:

Aggie Scribner Kapelman
25 West 81 Street
New York, NY 10024, USA

Award committee: Rachel Joffe Falmagne, Laura W. Martin, Fernando Gonzalez Rey, Mariane Hedegaard, Robert Serpell, Aggie Scribner Kapelman, Ethel Tobach.