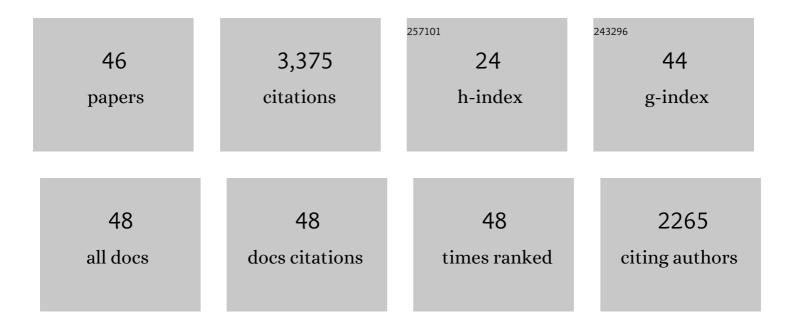
Nick Alderman

List of Publications by Year in descending order

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#	Article	IF	CITATIONS
1	The use of repetitive transcranial magnetic stimulation (rTMS) following traumatic brain injury (TBI): A scoping review. Neuropsychological Rehabilitation, 2021, 31, 479-505.	1.0	35
2	Using the St Andrew's – Swansea Neurobehavioural Outcome Scale (SASNOS) to determine prevalence and predictors of neurobehavioural disability amongst survivors with traumatic brain injury in the community. Neuropsychological Rehabilitation, 2021, , 1-28.	1.0	0
3	Optimizing measurement for neurobehavioural rehabilitation services: A multisite comparison study and response to UKROC. Neuropsychological Rehabilitation, 2020, 30, 1318-1347.	1.0	2
4	The Psychosocial Impact of Neurobehavioral Disability. Frontiers in Neurology, 2020, 11, 119.	1.1	14
5	When normal scores don't equate to independence: Recalibrating ratings of neurobehavioural disability from the â€~St Andrew's – Swansea Neurobehavioural Outcome Scale' to reflect context-dependent support. Brain Injury, 2018, 32, 218-229.	0.6	5
6	What can structured professional judgement tools contribute to management of neurobehavioural disability? Predictive validity of the Short-Term Assessment of Risk and Treatability (START) in acquired brain injury. Neuropsychological Rehabilitation, 2018, 28, 448-465.	1.0	2
7	Challenges and importance of measuring neurobehavioural disability in acquired brain injury: the â€~St Andrew's Swansea – Neurobehavioural Outcomes Scale' (SASNOS). Expert Review of Neurotherapeutics, 2018, 18, 807-810.	1.4	2
8	Measuring Change in Symptoms of Neurobehavioural Disability: Responsiveness of the St Andrew's-Swansea Neurobehavioural Outcome Scale. Archives of Clinical Neuropsychology, 2017, 32, 951-962.	0.3	8
9	Causes and management of aggression and violence in a forensic mental health service: Perspectives of nurses and patients. International Journal of Mental Health Nursing, 2013, 22, 532-544.	2.1	50
10	Neurobehavioural approaches to the rehabilitation of challenging behaviour. NeuroRehabilitation, 2013, 32, 761-770.	0.5	28
11	Rehabilitation Approaches to the Management of Aggressive Behaviour Disorders after Acquired Brain Injury. Brain Impairment, 2013, 14, 5-20.	0.5	24
12	Measurement of social climate within neurobehavioural rehabilitation services using the EssenCES. Neuropsychological Rehabilitation, 2012, 22, 768-793.	1.0	9
13	Use of the Multiple Errands Test – Simplified Version in the assessment of suboptimal effort. Neuropsychological Rehabilitation, 2012, 22, 734-751.	1.0	12
14	Measuring behavioural outcome in neurodisability. British Journal of Neuroscience Nursing, 2011, 7, 691-695.	0.1	3
15	Applications of Operant Learning Theory to the Management of Challenging Behavior After Traumatic Brain Injury. Journal of Head Trauma Rehabilitation, 2011, 26, 202-211.	1.0	36
16	The development of the St Andrew's-Swansea Neurobehavioural Outcome Scale: Validity and reliability of a new measure of neurobehavioural disability and social handicap. Brain Injury, 2011, 25, 83-100.	0.6	26
17	Active versus passive management of post-acquired brain injury challenging behaviour: A case study analysis of multiple operant procedures in the treatment of challenging behaviour maintained by negative reinforcement. Brain Injury, 2010, 24, 1616-1627.	0.6	12
18	The risk of assault to physiotherapists: beyond zero tolerance?. Physiotherapy, 2009, 95, 134-139.	0.2	14

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19	Mesulam's frontal lobe mystery re-examined. Restorative Neurology and Neuroscience, 2009, 27, 493-506.	0.4	83
20	Self-esteem as a predictor of psychological distress after severe acquired brain injury: An exploratory study. Neuropsychological Rehabilitation, 2008, 18, 607-626.	1.0	58
21	Physical interventions to manage patients with brain injury: An audit on its use and staff and patient injuries from the techniques. Brain Injury, 2008, 22, 691-696.	0.6	23
22	The St Andrew's Sexual Behaviour Assessment (SASBA): Development of a standardised recording instrument for the measurement and assessment of challenging sexual behaviour in people with progressive and acquired neurological impairment. Neuropsychological Rehabilitation, 2008, 18, 129-159.	1.0	53
23	Prevalence, characteristics and causes of aggressive behaviour observed within a neurobehavioural rehabilitation service: Predictors and implications for management. Brain Injury, 2007, 21, 891-911.	0.6	49
24	The case for the development and use of "ecologically valid―measures of executive function in experimental and clinical neuropsychology. Journal of the International Neuropsychological Society, 2006, 12, 194-209.	1.2	503
25	Executive Dysfunction. , 2005, , 185-209.		3
26	Measuring the relationship between overt aggression and expectations: a methodology for determining clinical outcomes. Brain Injury, 2004, 18, 143-160.	0.6	14
27	Contemporary approaches to the management of irritability and aggression following traumatic brain injury. Neuropsychological Rehabilitation, 2003, 13, 211-240.	1.0	108
28	Ecological validity of a simplified version of the multiple errands shopping test. Journal of the International Neuropsychological Society, 2003, 9, 31-44.	1.2	277
29	Development of a simplified version of the multiple errands test for use in hospital settings. Neuropsychological Rehabilitation, 2002, 12, 231-255.	1.0	167
30	Aggressive behaviour observed within a neurobehavioural rehabilitation service: utility of the OAS-MNR in clinical audit and applied research. Brain Injury, 2002, 16, 469-489.	0.6	40
31	Is accurate self-monitoring necessary for people with acquired neurological problems to benefit from the use of differential reinforcement methods?. Brain Injury, 2002, 16, 75-87.	0.6	62
32	Reduction of chronic aggressive behaviour 10 years after brain injury. Brain Injury, 2001, 15, 1003-1015.	0.6	41
33	A comparison of the validity of self-report measures amongst people with acquired brain injury: A preliminary study of the usefulness of EuroQol-5D. Neuropsychological Rehabilitation, 2001, 11, 529-537.	1.0	9
34	Issues and Practice Regarding Behavioural Outcome Measurement Undertaken by a Specialised Service Provider. Neuropsychological Rehabilitation, 1999, 9, 385-400.	1.0	11
35	The Development of an Ecologically Valid Test for Assessing Patients with a Dysexecutive Syndrome. Neuropsychological Rehabilitation, 1998, 8, 213-228.	1.0	239
36	The ecological validity of tests of executive function. Journal of the International Neuropsychological Society, 1998, 4, 547-558.	1.2	731

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37	The effectiveness of DRL in the management and treatment of severe behaviour disorders following brain injury. Brain Injury, 1997, 11, 79-102.	0.6	70
38	Use of a modified version of the Overt Aggression Scale in the measurement and assessment of aggressive behaviours following brain injury. Brain Injury, 1997, 11, 503-523.	0.6	93
39	Use of a modified version of the Overt Aggression Scale in the measurement and assessment of aggressive behaviours following brain injury. Brain Injury, 1997, 11, 503-523.	0.6	19
40	Central Executive Deficit and Response to Operant Conditioning Methods. Neuropsychological Rehabilitation, 1996, 6, 161-186.	1.0	107
41	Improvement of self-monitoring skills, reduction of behaviour disturbance and the dysexecutive syndrome: Comparison of response cost and a new programme of self-monitoring training. Neuropsychological Rehabilitation, 1995, 5, 193-221.	1.0	162
42	Fear of incontinence and its effects on a community-based rehabilitation programme after severe brain injury: Successful remediation of escape behaviour using behaviour modification. Brain Injury, 1994, 8, 23-36.	0.6	23
43	A comparison of treatment methods for behaviour disorder following herpes simplex encephalitis. Neuropsychological Rehabilitation, 1994, 4, 31-48.	1.0	37
44	Increasing Standing Tolerance and Posture Quality following Severe Brain Injury Using a Behaviour Modification Approach. Physiotherapy, 1992, 78, 335-343.	0.2	19
45	Behavioural treatment of the dysexecutive syndrome: Reduction of repetitive speech using response cost and cognitive overlearning. Neuropsychological Rehabilitation, 1991, 1, 65-80.	1.0	57
46	The treatment of avoidance behaviour following severe brain injury by satiation through negative practice. Brain Injury, 1991, 5, 77-86.	0.6	31