

FIRST EDITION

COGNITIVE REHABILITATION MANUAL

TRANSLATING EVIDENCE-BASED
RECOMMENDATIONS INTO PRACTICE

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“A concise and precise manual that is excellent for therapists, professors and students in the field of cognitive rehabilitation.”

ADA LEUNG, PhD
UNIVERSITY OF ALBERTA, EDMONTON, AB

“This manual has moved the post-acute brain injury industry significantly forward by providing clear guidelines for delivering “best practice” cognitive rehabilitation.”

SID DICKSON, PhD, ABPP
PATE REHABILITATION, DALLAS, TX

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“This is a must have publication if you are currently practicing or plan to practice in the area of cognitive rehabilitation.”

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“Dr. Haskins and his team provided a very in-depth and precise perspective to cognitive remediation therapy and the goals and objectives needed to meet these needs.”

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TREVISO, ITALY

“Cognitive rehabilitation is a dynamic practice between the clinician and the client, not fitting into a typical treatment protocol. This manual provides the kind of support that clinicians need to develop effective and evidence-based treatment plans.”

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“The Cognitive Rehabilitation Manual is a comprehensive collection of evidence-based research practices organized in a clear manner. The information is presented in a format that will benefit both seasoned professionals and entry level clinicians working with patients who present with cognitive/communication deficits.”

DAVID J. HAJJAR, MS, CCC-SLP
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Preface

This manual was developed by a sub-group of the Cognitive Rehabilitation Task Force of the Brain Injury Interdisciplinary Special Interest Group (BI-ISIG) of the American Congress of Rehabilitation Medicine (ACRM). It is modeled on a manual that was developed by Edmund Haskins, Ph.D., at Hook Rehabilitation Center in the Community Health Network in Indianapolis, Indiana. The current manual reflects the evidence-based treatment recommendations put forth by the BI-ISIG Cognitive Rehabilitation Task Force of ACRM and the clinical experience and expertise of the authors as discussed in the Introduction (see Section 1.1).

Dedication

Cognitive rehabilitation is by some standards a relatively new field. Anyone who has worked with a person with brain injury and their family is aware of the importance of cognitive recovery to them. While the humanitarian recognition of the need to promote recovery of cognitive functions following brain injury is not new, the scientific basis for cognitive rehabilitation is.

Nonetheless, while the history of science in cognitive rehabilitation may be recent, the number and sophistication of empirical studies have accelerated remarkably over the last 30 years such that we now have the scientific evidence to guide clinical practice. Without the contributions of Leonard Diller, Ph.D. and Keith Cicerone, Ph.D., we would not be at this historical intersection.

*Lance E. Trexler, Ph.D.
Donna Langenbahn, Ph.D.
J. Preston Harley, Ph.D.
July 19, 2011*



Leonard Diller, Ph.D. having started at the [Rusk] Institute of Rehabilitation Medicine at NYU Medical Center in 1952, is now approaching his 60th year in rehabilitation. He assumed a leadership role at Rusk as the new field of medical rehabilitation sought to assess and meet the clinical and functional needs of individuals with disability, to train clinicians and researchers, and to gain a foothold in cultural and political arenas. In this context, Dr. Diller built a psychology program where clinical observation, beginning with the patient, fueled intervention protocols and research, and the research, in turn, sought to validate obtained results. His approach to the problem of brain injury treatment and research was direct and elegant, backed by scientific logic: develop a standard task sensitive to the problem, elucidate behavior by examining task response style, determine task conditions that increase or decrease the problem, and develop a methodology to increase awareness and enable the individual to overcome the problem while performing a skilled activity. In sum, he taught us that neuropsychological knowledge and process could help us design and guide rehabilitation procedures. This methodology formed the basis for an astoundingly prolific research output, much of it seminal research in the area of acquired brain injury, and caused him to be regarded as “the founder of scientifically-based cognitive rehabilitation.”¹ Innumerable individuals with brain injury, family members, clinicians, and researchers have benefited from Dr. Diller’s gifts, and those who know him are awed by his enduring encyclopedic knowledge, kindness, and humility.

Innumerable individuals with brain injury, family members, clinicians, and researchers have benefited from Dr. Diller’s gifts, and those who know him are awed by his enduring encyclopedic knowledge, kindness, and humility.

¹Goldstein, G. (2009). Neuropsychology in New York City (1930-1960), *Archives of Clinical Neuropsychology*, 24, 137-143.



Keith Cicerone, Ph.D. has been a clinician and researcher for over 30 years and, as such, has improved the quality of life for thousands of patients whom have suffered brain injuries. It is clearly evident from his numerous publications and research that Dr. Cicerone had the wisdom to listen and learn from his patients. His concern for the well-being of individuals with brain injury has not been limited to clinical care. At the same time, he committed himself to improve the science behind his clinical practice. He has made significant contributions to help in the development of national policies in having cognitive rehabilitation recognized as an effective

treatment for individuals with brain injuries. In addition to conducting his own research, Dr. Cicerone led the American Congress of Rehabilitation Medicine, Brain Injury-Interdisciplinary Special Interest Group's evidence-based reviews, which have been published in the *Archives of Physical Medicine and Rehabilitation* in 2000, 2005 and 2011. The present work is primarily based upon the findings and recommendations of these three publications. His leadership and commitment in the establishment of guidelines for cognitive rehabilitation have made it now possible to offer clinical practitioners of cognitive rehabilitation, treatment strategies that are based upon scientific, empirical evidence.

MANUAL FOR EVIDENCE-BASED PRACTICE OF COGNITIVE REHABILITATION

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