ACRM Cognitive Rehabilitation Training

14JAN2021

Individual Online Training Includes:

- **12 CME/CEUs**
- **Printed Manual (see Appendix)**
- **Certificate of Completion**

Multi-Seat License Includes:

- **12 CME/CEUs**
- **Printed Manual (see Appendix)**
- **Certificate of Completion**
- **25% OFF for groups of 25+ (pricing and discount valid for one year)**
- **Complimentary email announcement**
- **90-minute Q&A, with your group, hosted by authors/faculty**

OVERVIEW

Get 12 hours of continuing education credits with 24/7 access to a previously recorded two-day training synchronized with the original presentation slides. Review the guidelines presented at the training you attended or access the material online to learn at your own pace. It's the next best thing to being there!

TESTIMONIAL

"We believe that participating in the ACRM Cognitive Rehabilitation Training and using the evidence-based strategies will result in significantly better outcomes for your patients, their families, and your organization." – Lance E. Trexler, PhD, FACRM, Cognitive Rehabilitation Manual Managing Editor

HOW THIS WORKS

For a rich learning experience, you can pause and resume and learn at your own pace, this Online Course includes:

- 12 hours of continuing education contact hours
- 24/7 access to a recorded Cognitive Rehabilitation Training
- Review previously recorded two-day training synchronized with the original presentation slides
- **THE MANUAL**: Printed copy of the *Cognitive Rehabilitation Manual: Translating Evidence-Based Recommendations into Practice*—$150 value! (additional shipping and handling charges apply).

INVESTMENT OPPORTUNITIES

*all prices are subject to change without notice

- **ACRM Members, Individual Cost: $295**

  Includes:

  - Six-month access to video recording of the two-day training
  - Easy access at your own pace — take the course at your convenience and pace from any browser window
  - THE MANUAL: Printed copy of the Cognitive Rehabilitation Manual: Translating Evidence-Based Recommendations into Practice—$150 value! (additional shipping charges apply). Additional copies of the Manual may be purchased separately.
  - Up to **12 Continuing Education contact hours**
  - 5 disciplines
    - Occupational Therapists (AOTA)
    - Physical Therapists (ACCME – Non-MD CME)
    - Physicians (ACCME)
    - Psychologists (Non-MD CME)
    - Speech-Language-Hearing Therapists (ASHA)
  - Certificate of Completion

- **Nonmembers, Individual Cost: $395**

  Includes:
  - Everything listed above
  - Plus 6-month introductory ACRM membership with access to all interdisciplinary special interest groups and networking groups, discount member rates on products and conference registration, and subscriptions to all members-only newsletters.

- **Multi-Seat License, Individual Cost: $296.25**
  - $395 x 25% discount = $296.25 each x 25 participants = $7,406.25 minimum

- **The Manual for ACRM Members: $125**
  - The Manual — all 150 pages, including clinical forms — is a practical guide for the implementation of evidence-based interventions for impairments of executive functions, memory, attention, hemispatial neglect, and social communication. Available for purchase by caregivers and family members of brain injury patients.

- **The Manual for NonMembers: $150**

AGENDA

Session 1: Overview of the Workshop and Introduction to the Manual (60 minutes) with Thomas F. Bergquist, PhD, ABPP-CN

Session 2: Attention and Memory (237 minutes) with Michael Fraas, PhD, CCC/SLP, CBIS and Thomas F. Bergquist, PhD, ABPP-CN

Session 3: Hemispatial Neglect (57 minutes) with Deirdre Dawson, PhD

Session 4: Hemispatial Neglect Case Example and Executive Functions (153 minutes) with Deirdre Dawson, PhD

Session 5: Social Communication (148 minutes) with Michael R. Frass, PhD, CCC_SLP

Session 6 (Bonus): Challenges of Reimbursement for Cognitive Rehabilitation (45 minutes) with Keith Cicerone, PhD, ABPP-Cn, FACRM and Donna Langenbahn, PhD, FACRM

DISCIPLINES

- Occupational Therapists (AOTA)
- Physical Therapists (ACCME – Non-MD Certificate of Participation)
- Physicians (ACCME)
- Psychologists (Non-MD CME)
- Speech-Language-Hearing Therapists (ASHA)

CONTINUING EDUCATION CREDIT

Educational Level: **Introductory/Intermediate**
Instructional Method: **Video Taped Lecture**
CME/CEU: **12 contact hours**

COMPLETION REQUIREMENTS: EVALUATION AND CME CERTIFICATES

Credit is only given to attendees that register for the course; successfully complete the entire course; evaluate and take the post-test after each session. At the end of the training, you will see a slide with a link/web address to the post-test system. You will receive an email after taking the test showing your score. You must pass with 80% accuracy. You may retake the test at any time.

After you have completed the entire course and the final post-test, you will find the link to evaluate and receive your certificate. In that email, you will be able to click on the link, evaluate, and print your certificate.

LEARNING OBJECTIVES

To support the attainment of knowledge, competence, and performance, the learner should be able to achieve the following objectives:

1. Use a decision-tree to assist in determining which type of cognitive rehabilitation to implement.
2. Describe techniques for improving attention and the steps involved in carrying out treatments.
3. Identify the general guidelines for the use of external memory strategies.
4. Describe a general algorithm and conceptual framework for structuring interventions for awareness, executive functioning, and behavioral / emotional self-regulation.

5. Discuss the evidence concerning the effectiveness of cognitive rehabilitation in the selection and implementation of specific, individualized interventions for cognitive disability.

STATEMENT OF NEED AND TARGET AUDIENCE

Educational opportunities that promote evidence-based interventions for cognitive rehabilitation are needed by clinicians in order to provide optimum care for individuals with brain injury.
ACRM Cognitive Rehabilitation Training provides such an opportunity by presenting evidence-based standards and guidelines for clinical practice and translating them into step-by-step procedures for use by clinicians. The interventions described can be readily used by occupational therapists, speech and language therapists, psychologists, and other rehabilitation professionals.

TESTIMONIAL

Rehabilitation Hospital of Indiana Testimonial:
ACRM Online Cognitive Rehabilitation Manual Training

"The Rehabilitation Hospital of Indiana (RHI), a Traumatic Brain Injury Model System, is committed to providing evidence-based therapy services through supporting the professional development of our clinicians. ACRM's option for online Cognitive Rehabilitation Manual training was instrumental in RHI's decision to offer this education to all of our speech-language pathologists and outpatient occupational therapists who specialize in brain injury. The online training option was cost-effective and convenient. Our therapists appreciated the concise translation of research to everyday practice through clearly defined procedures for delivering high quality, functional, evidenced-based treatment. Overall, they found the training extremely valuable and practical with information that they will use in their daily clinical work."

Christina A. Baumgartner, MS, CCC-SLP
Executive Director of Therapy Operations
Rehabilitation Hospital of Indiana

DISTINGUISHED FACULTY

Deidre Dawson
PhD
Financial – Dr. Dawson has received research grants to investigate the Cognitive Orientation to daily Occupational Performance ApproachTM • Is a CO-OP Certified Instructor • Has a book contract with the AOTA press for a book on the CO-OP Approach TM (available Nov. 2017)
Nonfinancial – Dr. Dawson has no relevant non-financial relationships to disclose.

Thomas Bergquist
PhD, ABPP-CN
Dr. Bergquist has no financial or non-financial relationships to disclose.

Keith Cicerone
PhD, ABPP-CN, FACRM
Dr. Cicerone has no financial or non-financial relationships to disclose.

Michael Fraas
PhD, CCC/SLP, CBIS
Financial –Dr. Fraas works for a private practice and receives a salary. Nonfinancial – Dr. Fraas has no relevant nonfinancial relationships to disclose.

Donna Langenbahn
PhD
Dr. Langenbahn has no financial or non-financial relationships to disclose.

PHYSICIANS – Approved

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the New Jersey of Academy of Family Physicians and the American Congress of Rehabilitative Medicine. The New Jersey of Academy of Family Physicians is accredited by the ACCME to provide continuing medical education for physicians.

The New Jersey of Academy of Family Physicians designates this enduring material activity for a maximum of 12.0 *AMA PRA Category 1 Credit(s) ™.* Physicians should claim only the credit commensurate with the extent of their participation in the activity.

SPEECH-LANGUAGE HEARING PROFESSIONALS – Approved

APPROVED PROVIDER
ASHA CONTINUING EDUCATION
AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

American Congress of Rehabilitation Medicine is approved by the Continuing Education Board of the American Speech-Language-Hearing Association (ASHA) to provide continuing education activities in speech-language pathology and audiology. **See course information for number of ASHA CEUs, instructional level and content area.** ASHA CE Provider approval does not imply endorsement of course content, specific products or clinical procedures.

This course is registered for 1.15 ASHA CEUs (Intermediate Level; Professional Area).

An annual ASHA CE Registry fee is required to register ASHA CEUs. ASHA CE Registry fees are paid directly to the ASHA National Office. To register ASHA CEUs with ASHA, you must complete a CE participant form, turn it in at the time of the activity, and pay the ASHA CE Registry fee. ASHA CEUs are awarded ONLY AFTER receipt of the CE Participant Form AND payment of the Registry fee.

OCCUPATIONAL THERAPISTS – Approved

ACRM has applied for AOTA for Distance Learning-Independent for 12 AOTA CEUs. The assignments of AOTA CEUs do not imply endorsement of specific course content, products, or clinical procedures by AOTA.

PHYSICAL THERAPISTS – Approved

Physical Therapists will receive a non-physician Certificate of Attendance.

TURBO BOOST YOUR PRODUCT OR SERVICE

Extra amplification? Want to do something more? Let us know what you are thinking, and we will help build a custom program for you. For example, potential boosts might include — dedicated eblasts to ACRM's exclusive email list, additional social media boosting including sponsored stories (Instagram and Facebook), sponsored social media posts, etc.

CONTACT OPTIONS

- Email ThreeSixtyFive@ACRM.org or complete this inquiry form: www.ACRM.org/salesform

CALL

+1.703.435.5335

COGNITIVE REHABILITATION MANUAL

TRANSLATING EVIDENCE-BASED RECOMMENDATIONS INTO PRACTICE

Table of Contents

Acknowledgements VII

Preface VII

Dedication VIII

Chapter 1

Introduction: Principles of Cognitive Rehabilitation

1.1 Functions and Structure of this Manual..... 1

1.2 Limitations of this Manual 2

1.3 How to Use This Manual 2

1.4 Primary Goals of Cognitive Rehabilitation..... 3

1.5 Process and Flow of Therapy 3

1.5.a Overall Stages of Treatment 3

Acquisition Stage 5

Application Stage 5

Adaptation Stage..... 5

1.6 External Versus Internal Strategies 6

1.7 A Guide to Treatment Planning and (Tactical) Goal Writing 7

1.7.a Moving from Strategies to Tactics 7

1.7.b Long-Term (strategic) and Short-Term (tactical) Goals 8

1.7.c Anatomy of a Short-Term Goal..... 8

1.7.d Sample Template for Goal Setting..... 10

BI-ISIG Committee Recommendations 10

1.8 Treatment Considerations When Designing Training Procedures 11

1.8.a Task-Specific versus Strategic Approaches to Treatment 11

1.8.b External versus Internal Strategies 11

1.9 Neurobehavioral and Psychosocial Factors that Influence Treatment Process and Outcome 13

1.9.a Patient Variables..... 13

Impairments of Awareness 13

Severity and Range of Impairment 15

Emotional Reactions and Premorbid Psychiatric Issues..... 15

1.9.b Family Factors 15

1.10 Monitoring Progress in Cognitive Rehabilitation..... 16

Chapter 2

Rehabilitation for Impairments of Executive Functions

2.1 Introduction..... 19

2.2 Impairments of Executive Functions and Brain Dysfunction 19

2.3 BI-ISIG Recommendations for Impairments of Executive Functions 20

2.4 A General Framework for Rehabilitation of Impairments of Executive Functions..... 20

2.5 Metacognitive Strategy Training for Impairments of Executive Functions..23

2.5.a Metacognitive Strategy Training for Impairments in the Treatment of Executive Functioning Deficits 25

Self-Talk Procedures..... 25

2.6 Formal Problem-Solving Strategies 26

2.6.a Stages in the Training of Formal Problem-Solving Procedures..... 29

Acquisition 29

Application..... 29

Adaptation 29

2.6.b Applying the Strategy to Specific Tasks 29

2.6.c General Treatment Considerations with Formal Problem-Solving.. 32

2.7 Metacognitive Strategy Training for Behavioral and Emotional Dysregulation 32

2.7.a Treating Deficits in Awareness..... 32

2.7.b Predict-Perform Procedure..... 34

2.7.c Summary of Awareness Interventions Matched with Causes of Unawareness 35

2.7.d Clarifying the Nature of the Problem 36

2.7.e Planning a Solution 37

2.7.f Executing, Monitoring, and Adapting 38

2.8 Complex Evidence-Based Programs for the Rehabilitation of Impairments of Executive Functions..... 39

2.8.a Problem-Solving Group Protocol: Rusk Institute 39

Problem-Solving Group Protocol: Worksheets 40

2.8.b Anger Management Therapy Programme: Royal Rehabilitation Centre 41

2.9 Strategic and Tactical Goal Writing in the Rehabilitation of Impairment of Executive Functions 41

Chapter 3

Rehabilitation for Impairments of Memory

3.1 Introduction 43

3.2 Impairments of Memory Deficits and Brain Injury 43

3.3 BI-ISIG Recommendations for Memory Dysfunction 44

3.4 A General Framework for Rehabilitation of Impairments of Memory 44

3.5 External Memory Compensations..... 47

3.5.a General Guidelines for External Memory Compensations..... 47

3.5.b Memory Notebook Types 47

Orientation Book and Strategies for Severe Memory Impairment 48

Errorless Learning Technique 49

Spaced Retrieval Technique 50

Chaining Technique..... 52

Memory Notebook 56

3.5.c Stages of Training in the Use of Memory Notebook Procedures..... 57

Acquisition Stage 57

Discontinuation Criteria..... 58

Application Stage 58

Adaptation Stage..... 58

Cross Out, Notation, and Next Activity (CNN) 60

Updating and Cleaning Routine 60

Scoring and Documentation 61

3.6 Memory Strategy Training 61

3.6.a. General Guidelines for Memory Strategy Training 61

3.6.b Types of Memory Strategy Training..... 62

Association Techniques 62

Organizational Techniques 63

3.6.c Stages of Strategy Training 64

Assessment and Selection of Techniques 64

Acquisition Stage 65

Application Stage 65

Activities for Application Stage 66

Adaptation Stage 66

Activities for Adaptation Stage..... 67

3.7 Complex Evidence-Based Programs for the Rehabilitation of Impairments of Memory..... 67

3.7.a Memory Rehabilitation Group 67

3.7.b TEACH-M 69

3.8 Strategic and Tactical Goal Writing in Rehabilitation of Impairments of Memory..... 70

Chapter 4

Rehabilitation for Impairments of Attention

4.1 Introduction..... 73

4.2 Impairments of Attention after Brain Injury..... 73

4.3 BI-ISIG Recommendations for the Rehabilitation of Impairments of Attention 74

4.4 General Framework for the Rehabilitation of Impairments of Attention 75

4.5 Attention Process Training (APT) Training 76

4.5.a APT Generalizing Activities 77

4.6 Time Pressure Management 79

4.6.a Stage 1: Identifying the Problem 80

4.6.b Stage 2: Teaching the Strategy 80

4.6.c Stage 3: Generalization 83

4.7 Rehabilitation of Working Memory 83

4.7.a LEVEL I. N-Back Procedures 84

4.7.b LEVEL II. N-Back with Additional Working Memory Demands 85

4.7.c LEVEL III. N-Back with Continuous Secondary Task 85

4.7.d Clinical Application 86

4.8 Strategic and Tactical Goal Writing in Rehabilitation of Impairments of Attention 87

Chapter 5

Rehabilitation of Hemispatial Neglect

5.1 Introduction..... 89

5.2 Hemispatial Neglect in Brain Dysfunction 89

5.3 BI-ISIG Recommendations for Hemispatial Neglect 89

5.4 General Framework for the Rehabilitation of Hemispatial Neglect 89

5.5 Visual Scanning Training 91

5.5.a Principles of Visual Scanning Training..... 91
5.5.b Assessment of Visual Scanning 92
5.5.c Step in Systematic and Orderly Scanning Training 92
5.5.d Computerized Visual Scanning Training 94
5.5.e Visual Scanning Training for Reading and Copying Prose 94
5.5.f Visual Scanning for Describing Pictures 102
5.6 Visual Imagery Training: Lighthouse Strategy 104
5.6.a Activities for Training in Visual Scanning and the Use of the Lighthouse Strategy 104
5.7 Limb Activation Strategies 105
5.7.a Spatio-Motor Strategies..... 105
5.7.b Visuo-Spatio-Motor Strategies..... 105
5.7.c Activities for Training in the use of Spatio-Motor and Visuo-Spatio-Motor Strategies: 106
5.7.d Imagined Limb Activation 106
5.8 Strategic and Tactical Goal Writing for the Rehabilitation of Hemispatial Neglect 107

Chapter 6

Rehabilitation of Impairments of Social Communication

6.1 Introduction..... 110
6.2 Impairments of Social Communication after Brain Injury..... 110
6.3 BI-ISIG Recommendations for the Rehabilitation of Impairments of Social Communication 111
6.4 A General Framework for the Rehabilitation of Impairments of Social Communication 111
6.5 Group Treatment for Social Communication Deficits 112
6.5.a Structure 112
6.5.b Group Process..... 112

6.5.c Individual Goal Setting 113
6.5.d Feedback 113
6.5.e Practice and Repetition 114
6.5.f Self-Monitoring 114
6.5.g Generalization of Skills..... 114
6.6 Treatment of Emotion Perception Deficits..... 114
6.6.a Errorless Learning..... 115
6.6.b Self-instruction Training 115
6.7 Individual Psychotherapy and the Treatment of Impairments of Social Communication 115
6.8 Strategic and Tactical Goal Writing in the Rehabilitation of Impairments of Social Communication 116
6.9 Strategic and Tactical Goal Writing in the Rehabilitation of Impairments of Visual Emotion Perception 116
6.10 Example Treatment Goal and Strategies for Use with Auditory Emotion Perception 117

List of Tables, Figures and Clinical Forms

Chapter 1

Introduction: Principles of Cognitive Rehabilitation

Table 1-1 Treatment Goals and Strategies Associated with Each Stage of Cognitive Rehabilitation 4

Table 1-2 Factors that Comprise a Comprehensive Short-term Goal 9

Figure 1-1 Decision Tree for Treatment Planning 12

Chapter 2

Rehabilitation for Impairments of Executive Functions

Figure 2-1 A Decision Tree for Treatment Planning for Executive Dysfunction..... 22

Table 2-1 General Framework for Rehabilitation of Executive Deficits: Metacognitive Strategy Training 24

Table 2-2 General Framework for Rehabilitation of Executive Deficits: Problem-solving 27

Table 2-3 Steps in Problem-solving from Ylsivaker and Feeny (1998) 28

Worksheet Form: Goal-Plan-Do-Review Model 30

Worksheet Short-Form: Goal-Plan-Do-Review Model 31

Table 2-4 Identifying and Naming Dysexecutive Disorders..... 37

Chapter 3

Rehabilitation for Impairments of Memory

Table 3-1 Approaches and Techniques in the Rehabilitation of Memory 45

Figure 3-1 Decision Tree for Treatment Planning In Memory Dysfunction 46

Form 3-1 Autobiographical Orientation Page 48

Form 3-2 Errorless Learning Protocol for Orientation..... 50

Form 3-3 Spaced Retrieval Training Protocol..... 51

Form 3-4 Spaced Retrieval Record Form 52

Form 3-5 Chaining Worksheet Using Errorless Learning 54

Form 3-6 Memory Notebook 56

Table 3-2 Memory Group Leaning Modules 68

Table 3-3 Components of TEACH-M..... 69

Chapter 4

Rehabilitation for Impairments of Attention

Table 4-1 Stages, Components and Prerequisites for TPM..... 81

Table 4-2 Plans and Emergency Plans for TPM 82

Chapter 5

Rehabilitation of Hemispatial Neglect

Table 5-1 Stimulus Material and Sequence of Cueing for Four Levels of Reading Training in Neglect Dyslexia 96

Form 5-1 Diller Weinburg Visual Cancellation Test-Single Stimuli 97

Form 5-2 Diller Weinburg Visual Cancellation Test-Double Stimuli..... 98

Form 5-3 Diller-Weinburg Visual Cancellation Training Sheet — Single Stimuli 99

Form 5-4 Diller-Weinburg Visual Cancellation Training Sheet — Double Stimuli..... 100

Form 5-5 Sample Stimulus Material for Copying 103