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COGNITIVE REHABILITATION MANUAL

TRANSLATING EVIDENCE-BASED
RECOMMENDATIONS INTO PRACTICE

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Appendix A: Strategic and Tactical Goal Writing

A.1 Executive Dysfunction

BI-ISIG Cognitive Rehabilitation Task Force Recommendations

Practice Standard: Metacognitive strategy training for executive dysfunction and impairments of emotional self-regulation after TBI, and as a component of interventions for deficits in attention, neglect and memory. This includes self-monitoring and self-regulation

Practice Guideline: Training in formal problem-solving strategies and their application to everyday situations and functional activities during post-acute rehabilitation after TBI.

Practice Option: Group based interventions may be considered for remediation of executive and problem-solving deficits after TBI.

Goal Writing for the Treatment of Deficits in Executive Functioning

Strategic: Initial Monthly Goals/ Problem-Solving Protocol

- Initiate _____ (e.g., Acquisition, Application, Adaptation) stage of formal problem-solving protocol using the _____ (e.g., Goal-Plan-Do-Review, WSTC, etc.) method and implement as able.
- Initiate metacognitive strategy training to address _____.

Tactical: Follow-up/Specific Monthly Goals

- Patient will perform _____ 1 _____ task, at _____ 2 _____ level of difficulty, with _____ 3 _____ accuracy/speed or _____ 4 _____ assistance, using _____ 5 _____ equipment/strategies/modifications.

(1) Types of Tasks

Impairment Level

- Divided attention tasks
- Problem-solving/reasoning tasks
- Sequencing tasks
- Organization tasks
- Planning tasks
- Flexibility tasks

Functional Level

- Functional clinic tasks requiring _____ ability
- Functional household tasks requiring _____ ability
- Functional community tasks requiring _____ ability
- Functional work-related tasks requiring _____ ability

(5) Types of Strategies

- Goal-Plan-Do-Review
- WSTC
- Self-talk

Examples

- Patient will perform simple problem-solving tasks with 80% accuracy.
- Patient will perform simple functional household tasks requiring planning ability with Min. Assistance.
- Patient will perform complex in-clinic tasks requiring problem-solving ability with Min. Assistance using Goal-Plan-Do-Review strategy.
- Patient will perform complex functional household tasks requiring organizational ability with 100% accuracy using Memory Notebook and WSTC strategies.

A.2 Memory Impairment

BI-ISIG Cognitive Rehabilitation Task Force Recommendations

Practice Standard: For those with mild impairment, the committee recommends the use of memory strategy training including the use of internalized strategies (e.g., visual imagery, mnemonics) and external memory compensations (e.g., notebooks, electronic devices).

Practice Guideline: For those with moderate to severe impairment, the committee recommends only the use of external compensations (including notebooks, electronic devices, etc.) with direct application to functional activities.

Practice Option: For people with severe memory impairments after TBI, errorless learning techniques may be effective for learning specific skills or knowledge, with limited transfer to novel tasks or reduction in overall functional memory problems.

Practice Option: Group based interventions may be considered for remediation of memory deficits after TBI.

Goal Writing for Deficits in Memory

Strategic/General Monthly Goals: Memory Book Protocol

- Initiate/complete acquisition stage of memory book protocol.
- Initiate/complete application stage of memory book protocol.
- Initiate/complete adaptation stage of memory book protocol.
- Implement modified memory book protocol, _____ stage.

Strategic: Memory Strategy Training

- Initiate internalized/memory strategy training including visual imagery and self-talk procedures.

Tactical: Follow-up/Specific Monthly Goals

- Patient will recall/perform _____ 1 _____, at _____ 2 _____ level of difficulty, with _____ 3 _____ accuracy or _____ 4 _____ cues/assistance, using _____ 5 _____ equipment/strategies/modifications.

(1) Types of Tasks

Impairment Level

- List learning tasks
- Story memory tasks
- Prospective memory tasks
- Visuospatial memory tasks
- Etc.

Functional Level

- Functional clinic tasks requiring _____ ability
- Functional household tasks requiring _____ ability
- Functional community tasks requiring _____ ability
- Functional work-related tasks requiring _____ ability
- Others

(5) Types of Strategies

- Internal strategies/Mnemonics
- Memory Notebook
- Electronic device

Examples

- Patient will recall simple autobiographical information with 80% accuracy using Memory Notebook.
- Patient will learn and recall names with 70% accuracy using internal strategies.
- Patient will perform complex functional in-clinic tasks requiring prospective memory with 70% accuracy using Memory Notebook.
- Patient will perform simple household tasks requiring list learning with minimal assistance using Memory Notebook strategy.

A.3 Attention Impairment

BI-ISIG Cognitive Rehabilitation Task Force Recommendations

Practice Standard: Remediation of attention is recommended during post-acute rehabilitation after TBI. Remediation of attention deficits after TBI should include direct attention training and metacognitive training to promote development of compensatory strategies and foster generalization to real world tasks. Insufficient evidence exists to distinguish the effects of specific attention training during acute recovery and rehabilitation from spontaneous recovery, or from more general cognitive interventions.

Practice Option: Computer-based interventions may be considered as an adjunct to clinician-guided treatment for the remediation of attention deficits after TBI or stroke. Sole reliance on repeated exposure and practice on computer-based tasks without some involvement and intervention by a therapist is NOT recommended.

Goal Writing for Deficits in Attention and Concentration

Strategic Monthly Goals: APT Protocol

- Initiate Strategy Training to address impairment in _____ (sustained, alternating, selective, divided attention).
- Initiate APT Protocol to address _____.
- Initiate Time Pressure Management to address _____.
- Consider psychostimulant or other medication to enhance attention/concentration.

Tactical: APT Goals

Sustained Attention

- Simple sustained attention tasks with _____ accuracy/speed and _____ cues
- Moderate sustained attention tasks with _____ accuracy/speed and _____ cues
- Complex sustained attention tasks with _____ accuracy/speed and _____ cues

Alternating Attention

- Simple alternating attention tasks with _____ accuracy/speed and _____ cues
- Moderate alternating attention tasks with _____ accuracy/speed and _____ cues
- Complex alternating attention tasks with _____ accuracy/speed and _____ cues

Selective Attention

- Simple selective attention tasks with _____ accuracy/speed and _____ cues
- Moderate selective attention tasks with _____ accuracy/speed and _____ cues
- Complex selective attention tasks with _____ accuracy/speed and _____ cues

Divided Attention

- Simple divided attention tasks with _____ accuracy/speed and _____ cues
- Moderate divided attention tasks with _____ accuracy/speed and _____ cues
- Complex divided attention tasks with _____ accuracy/speed and _____ cues

Tactical: Follow-up/Specific Monthly Goals

- Patient will perform _____ 1 _____ at _____ 2 _____ level of difficulty, with _____ 3 _____ accuracy/speed or _____ 4 _____ cues/assistance, using _____ 5 _____ equipment/strategies/modifications.

(1) Type of Tasks

Impairment Level

- Sustained attention task
- Alternating attention task
- Selective attention task
- Divided attention task

Functional Tasks

- Functional household tasks requiring _____ ability
- Functional community tasks requiring _____ ability
- Functional work-related tasks requiring _____ ability
- Others

Examples

- Patient will perform simple selective attention tasks with 80% accuracy.
- Patient will reduce time to completion on tasks of complex sustained attention by 20%.
- Patient will perform simple functional household tasks requiring sustained attention with minimal assistance.
- Patient will perform complex in-clinic tasks requiring alternating attention with minimal assistance.
- Patient will perform complex functional household tasks requiring divided attention with 100% accuracy.

A.4 Visuospatial Strategies

BI-ISIG Cognitive Rehabilitation Task Force Recommendations

Practice Standard: Visuospatial rehabilitation that includes visual scanning training is recommended for left visual neglect after right hemisphere stroke.

Practice Guideline: The use of isolated microcomputer exercises to treat left neglect after stroke does not appear effective and is NOT recommended.

Practice Option: Limb activation or electronic technologies for visual scanning training in those with neglect. It also suggested that systematic training of visuospatial and organizational skills may be considered for those with right cerebral hemisphere dysfunction causing visual perceptual deficits without visual neglect, but not for those with a left hemisphere stroke or TBI. It also considers the possibility that computer-based interventions may be helpful in extending damaged visual fields in those with stroke or TBI.

Goal-Writing for Treatment of Visual Neglect

Strategic: Protocol for Neglect

- Initiate protocol for visual neglect, including limb activation strategies and scanning strategies (if appropriate).

Tactical: Follow-up/Specific Monthly Goals

- Patient will perform _____1_____, at _____2_____ level of difficulty, with _____3_____ accuracy/speed or _____4_____ assistance, using _____5_____ equipment/strategies/modifications.

(1) Type of tasks

Impairment Level

- Visual scanning tasks
- Visuospatial construction tasks
- Visuospatial perception tasks

Functional Level

- Functional clinic tasks requiring _____ ability
- Functional household tasks requiring _____ ability
- Functional community tasks requiring _____ ability
- Functional work-related tasks requiring _____ ability

(5) Type of Strategies

- Visual scanning
- Limb activation strategies

Examples

- Patient will perform simple visual scanning tasks with 80% accuracy.
- Patient will perform complex functional household tasks requiring scanning ability with minimal assistance, using Lighthouse strategy.
- Patient will perform complex in-clinic tasks requiring scanning ability with Min. Assistance using limb activation strategy.
- Patient will perform complex functional household tasks requiring organizational ability with 100% accuracy using combined strategies of limb activation and scanning.

A.5 Sample Template of Monthly Goals**Month 1: Strategic Goals**

1. Begin Acquisition stage of Memory Notebook training.
2. Begin Acquisition stage of problem-solving protocol, if able.

Tactical Goals

1. Patient will perform simple problem-solving tasks with 80% accuracy.
2. Patient will perform simple functional household tasks requiring planning ability.
3. Patient will recall simple autobiographical information with 80% accuracy using Memory Notebook.
4. Patient will learn and recall names with 70% accuracy using internal strategies.

Month 2: Strategic Goals

1. Begin Application stage of Memory Notebook training, if able.
2. Begin/Continue with Acquisition stage of problem-solving, if able.
3. Begin self instructional strategy, if able.

Tactical Goals

1. Patient will perform complex in-clinic tasks requiring problem-solving ability with minimal assistance using Goal-Plan-Do-Review strategy.
2. Patient will perform complex functional household tasks requiring organizational ability with 100% accuracy using Memory Notebook and WSTC strategies.
3. Patient will perform complex functional in-clinic tasks requiring prospective memory with 70% accuracy using Memory Notebook.
4. Patient will perform simple household tasks requiring list learning with minimal assistance using Memory Notebook strategy.

Appendix B: General/Non-Specific Forms

B.1 Acquisition Record

APPLICATION RECORD: Multiple Tasks

Name: _____ Dates: _____

DATES and TRIALS

TASKS																					
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
Comments																					
Staff initials																					

KEY: Level of Cueing:

I = Spontaneous / Independent

Min = Verbal Cues (e.g. you will want to remember this...)

Max = "Write this down"

Outcome:

+ = Accurate and complete

- = Inaccurate or incomplete

DIRECTIONS: Each staff will indicate the level of cueing needed for each trial along with the outcome.

Staff can add comments if needed and initial their observation.

B.2 Acquisition Record: Multiple Tasks

ADAPTATION RECORD: Multiple Tasks

Name: _____

DATES and TRIALS

DATE	TASK	LEVEL OF CUEING NEEDED	OUTCOME /COMMENTS

KEY: Level of Cueing:

I = Spontaneous / Independent

Min = Verbal Cues (e.g. you will want to remember this...)

Max = "Write this down"

Outcome:

+ = Accurate and complete

- = Inaccurate and incomplete

DIRECTIONS: Each staff will indicate the level of cueing needed for each trial along with the outcome. Staff can add comments if needed and initial their observation.

B.3 Adaptation Record: Multiple Tasks, Alternate Form

ADAPTATION RECORD: Multiple Tasks

Name: _____

DATES and TRIALS

TASKS																		
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		

KEY: Level of Cueing:

I = Spontaneous / Independent

Min = Verbal Cues (e.g. you will want to remember this...)

Max = Write this down

Outcome:

+ = Accurate and complete

- = Inaccurate or incomplete

DIRECTIONS: Each staff will indicate the level of cueing needed for each trial along with the outcome.



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