Accommodations for Cognitive Impairments

Below are examples of proposed accommodations for possible cognitive impairments in the course of providing Cognitive Behavioral Therapy for Traumatic Brain Injury (CBT-TBI).

<table>
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<th>Reason for accommodations</th>
<th>Proposed accommodations</th>
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| Impaired speed of information processing and responding | - Present information at slower rate  
- Speak slowly  
- Allow patient more time to respond  
- Check for understanding (e.g., “what is your understanding of what I just explained?”) |
| Impaired attention and concentration | - Minimize environmental stimulation/distractions  
- Provide written summary of session beforehand  
- Focus on one topic at a time  
- Frequently repeat/summarize key points and have patient reflect them back  
- Conduct shorter sessions, when indicated  
- Avoid need for multi-tasking e.g., no note taking while listening  
- Provide breaks when needed |
| Impaired learning and recall | - Provide written outline of session for patient to follow (e.g. patient workbook)  
- Review concepts and strategies from prior session at beginning of each session  
- Assign simple written practice activities between sessions  
- Provide written educational materials to reiterate key CBT concepts  
- Encourage patient to ask questions  
- Use compensatory tools (e.g., datebooks, smartphones, memory book) to provide reminders  
- Provide personalized follow-up letter summarizing key concepts, strategies and goals from prior session  
- Plan additional CBT skills practice within session  
- Focus on process and practical steps of CBT |
| Impaired verbal abilities | - Minimize emphasis on verbally mediated aspects of CBT  
- Emphasize behavioral activation and pleasant events scheduling over formal cognitive restructuring techniques |
| Impaired initiation and generalization | - Include support person in treatment planning and carrying out practice activities  
- Reinforce scheduling activities  
- Provide 2 sessions devoted to generalization and relapse prevention at end of the program |
| Impaired motivation | - Use motivational interviewing techniques to engage patient in therapeutic model and tasks  
- Ask at each session, ‘Is there anything else in the agenda you’d like to add?’  
- Focus on depression mitigating tasks that are intrinsically rewarding or of primary concern to the patient (e.g., care management activities aimed at return to work, school or other meaningful roles; finding effective rehabilitation resources in outlying areas).  
- Make reminder call prior to each session  
- Maintain flexibility to accommodate patient preferences (e.g., timing and duration of sessions; spending more time on specific CBT components) |