

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).

Reason for accommodations	Proposed accommodations
Impaired speed of information processing and responding	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Minimize emphasis on verbally mediated aspects of CBT • Emphasize behavioral activation and pleasant events scheduling over formal cognitive restructuring techniques
Impaired initiation and generalization	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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)