Preface

The idea of treating the symptoms of brain damage is not new. However, with the advent of Luria’s theory (1948, 1966) of brain functioning and his descriptions of its application to remediation of deficits (Luria 1948, 1963) a different approach to treatment became available. With the advent of the microcomputer a more systematic, reliable and objective tool could be used to pursue an approach to teaching compensatory mechanisms. The use of cognitive remediation techniques was initially embraced by neuropsychologists and a number of programs, including those employing microcomputers, flourished. However, difficulties with doing well-controlled studies in the clinical setting along with the publication of a well-controlled study that did not support the efficacy of the treatment led neuropsychologists to become very skeptical. To this day, the majority of brain injury treatment programs in this country focus on the use of prosthetic devices (e.g., keeping a memory log, structuring the day by using a calendar, setting an alarm watch for the time medication is due) rather than helping individuals to use intact brain functions to compensate for deficits. My experience over the past 25 years in the field has been that patients’ self-esteem and feeling that they have some control over their lives are more greatly enhanced when they feel that they, themselves, have dealt with their cognitive problems rather than resorting to external mechanisms. In essence, cognitive remediation can provide a normalizing function for both the patient who uses his brain instead of a prosthetic device and for those who interact with the patient and do not observe his compensatory devices. Further, compensatory mechanisms can, at times, serve as basis for a program that restores the “lost” function while prosthetic devices cannot.

The purpose of this book is to help the reader learn more about cognitive remediation and how to develop an effective and efficacious program for patients. After presenting a history of the development of cognitive remediation and the current status of research in the area, the next chapter endeavors to teach treatment planning. Treatment planning is addressed through proper neuropsychological testing and evaluation, with an emphasis on Luria’s concepts of alternate functional systems and double dissociation. Brain recovery following the acute stage and the various underlying mechanisms are reviewed. The use of learning theory
principles to implement strategies that might potentiate these mechanisms and produce restitution of function is also presented. The issue of generalization of improved scores to enhanced daily living and better functioning in the occupational and social realms of one’s life is next undertaken. The types of assessment that might be used to evaluate these areas and the treatment strategies employed throughout the training are covered. Finally, all of the aspects covered in the book are brought together through the presentation of cases. Cases cover presenting history, evaluation of test results, treatment planning, interventions, progress over the course of treatment, and evaluation of efficacy following cognitive remediation.

As it is my purpose to help others learn how to apply cognitive remediation principles effectively, this last section of the book is a critical and important one. Cases are presented in detail covering numerous cognitive deficits that were remediated, various etiologies of deficit, and different domains of ecological validity that were assessed.