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Cognitive Rehabilitation of Children and Adolescents Part 2: Favorite Strategies

Stephanie Volker MS CCC-SLP

Director of the CCHMC Outpatient
Neurorehabilitation Team (ONRT)
stephanie.volker@chmcc.org

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Learning Objectives

After this course, participants will be able to:

- List at least one online resource for parent/patient education.
- List the steps to developing successful compensatory strategies.
- Describe 5 different compensatory strategies.

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Presentation Overview

- Components of a cognitive rehab approach
- Counseling ideas and examples
- Functional and Patient Centered Treatment
- A step by step process for cognitive rehab/strategy development (1-10)
- My favorite strategies for different cognitive processes

Who can benefit from cog rehab?

1. Anyone who has experienced a change/reduction in their thinking/cognitive skills following a neurological illness or injury

OR

2. Anyone who has deficits in their thinking/cognitive skills

- The 2nd description is broader and can include those with learning disabilities or a degenerative disease process, in addition to those with an acquired brain injury
- My experience leads me to believe the 2nd

Children and adolescents who have sustained an acquired brain injury (ABI)

- Traumatic brain injury
- Hemorrhages (inter-cerebral, intra-cranial, subarachnoid) due to aneurysm or AVM
- CVA (stroke)
- Infection: meningitis, encephalitis, cerebritis
- Anoxia/hypoxia
- Toxic encephalopathy (drug overdose)
- Metabolic encephalopathy
- Brain tumor resection
- Abscess or sinusitis
- Seizure disorder
- Seizure focus resection
- Hemispherectomy for control of seizures
- Progressive neurological diseases

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Kids who have cognitive deficits that may not be due to a “new” neuro diagnosis

- ADHD
- ADHD- I
- Tourette's
- History of in utero drug exposure
- History of prematurity
- Complications from early TBI (shaken baby)
- Fetal Alcohol Syndrome
- History of seizure disorder
- History of international adoption (impact of neglect, exposure to toxic substances, lack of stimulation)
- History of multiple concussions
- Late effect of chemo and radiation
- Lead exposure
- Autism Spectrum Disorders

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The bar keeps getting raised....

- As children and adolescents grow up, the impact of their deficits and their ability to compensate will change
- As young people's brains develop, the world around them also becomes more complex and sophisticated. Learning in school becomes more difficult, social and behavioral expectations increase, and the expectations of independence levels increase
- The impact of a neurocognitive stall, coupled with increasing demands and challenges in the world around them, can lead to a perception that these kids are "getting worse".
- They are not getting worse, but the functional impact of their deficits can become more obvious and detrimental, i.e. they are "growing into their symptoms"

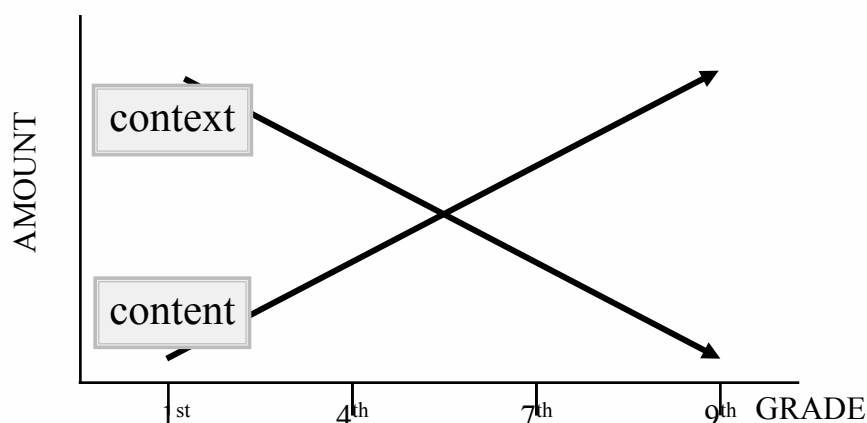
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Context Content Interaction

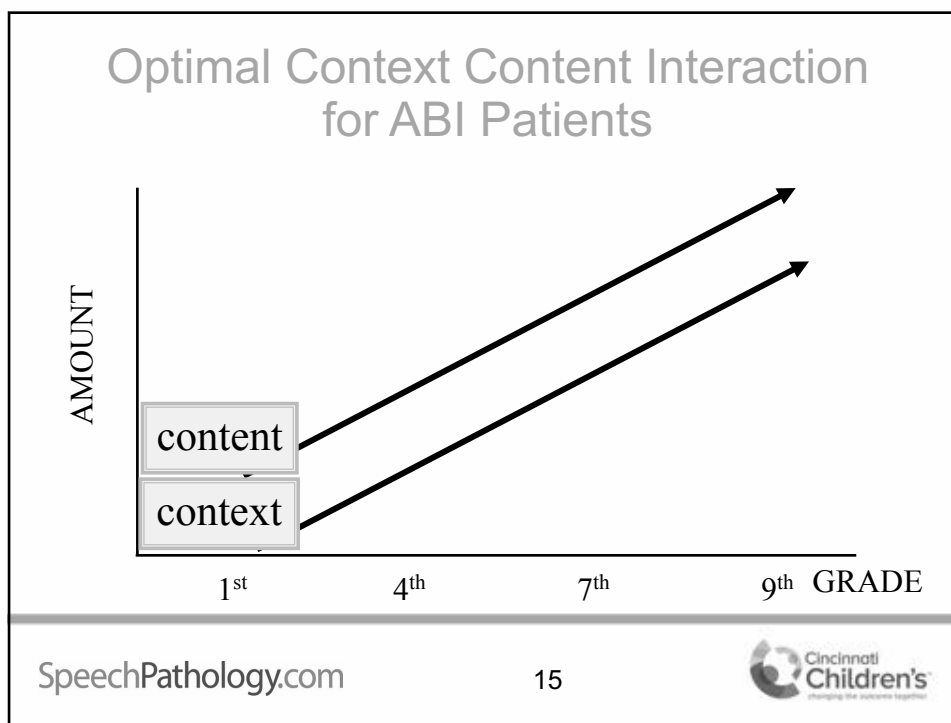
Bernstein & Waber, 1990



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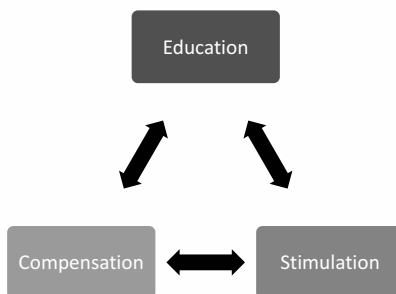
What is “cognitive rehabilitation?”

In the literature, there are a variety of definitions or descriptions:

- Targets improved measurable and satisfying functional outcomes through
 1. Targeting recovery of cognitive deficits for those with a new neurological illness or injury (stimulation)
 2. Training in the use of compensatory strategies to enhance performance on everyday tasks (education and strategy development)

Cognitive Rehab Targets Improved Functional Outcomes

Extensive client/family education
Stimulation for recovery of underlying skills
Development/training compensatory strategies/accommodations



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Achieving Functional Outcomes: Patient-Centered Treatment

- What comes to your mind when you think of “functional”?
- What comes to your mind when you think of “patient-centered”?
- Do you consider these ideas in your treatment?
- If you want to provide cognitive rehab: you **MUST**

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What does “functional” or “patient-centered” mean to you?

I have a predetermined “learning period” for goals. This is something I mentally keep track of. If a patient is not demonstrating progress, learning, or generalization towards a goal, I discontinue. Maybe we will retry it at a later time or maybe this wasn’t an appropriate goal for the patient

“Once I considered other factors such as behavior, cognition, motivation, family support, vision, etc. my whole outlook changed and my goals became much better”

“The whole plan for them is not achieving ‘normal range’ but what is functional for their daily life; it may be unrealistic to think of getting to ‘age level’”

“I have learned to predict how a score on a test may impact that child in real life, but learned never to use that score as the only basis for goals.”

“Underlying rationale: Are other diagnoses going to hinder our progress? What other issues is the child having and how will they impact what I am trying to accomplish? What priority does this skill have in the ‘big picture’?”

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What does “functional” or “patient-centered” mean to you?

“Asking myself - Will the goals written make the child a more functional communicator?”

“Many of these kids will probably return at certain points of their lives depending on the increasing demands of their school load and our goal is to look at what the current challenges are and address these, AND on educating the caregiver on how to develop their own strategies as needed so they become an active participant in the process”

“We should explore what is realistic for the patient (not tell) and adjust goals as appropriate.”

“I consider what the patient needs to be successful in his environment at home/school, not in our therapy room”

“I think focusing on establishing the relationship with the family and child from your very first meeting is crucial.”

“Comfort and confidence in counseling has made it easier for me to facilitate the development of relevant, functional TX plan.”

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What is functional?

- Literature: extremely varied and can be confusing

Key Points to remember:

- Related to some type of real world, everyday task
- Not deficits or skill related, but outcome related
- Is not always “age appropriate”
- Can vary from setting to setting
- Real world performance, not test based

What is functional?

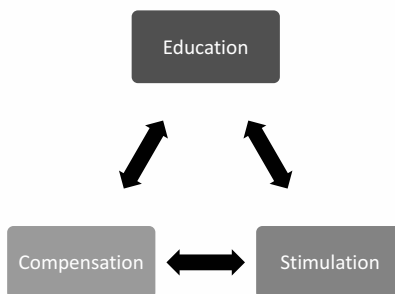
- Many kids' “real world” performance (i.e. outcome) is different than performance on standardized measures
- Standardized measures are decontextualized and taking goals directly from tests will make goals NON functional
- Test scores can be interpreted as a basis for predicting everyday functioning
- Do you think a child's performance on a test correlates to their actual use/implantation of skills?
- Isn't testing the BEST possible performance and lots of room for decrease when other factors impact?

Cognitive Rehab Targets Improved Functional Outcomes

Extensive client/family education

Stimulation for recovery of underlying skills

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Education- Therapist is a Teacher

- The neuroanatomy and physiology of the brain
- Patterns of recovery from ABI
- Typical characteristics and deficits associated with a diagnosis
- Cognitive functions and how they are impacted in different diagnoses
- The process of Cognitive Rehabilitation
- Coping skills
- Parenting techniques
- School advocacy
- Predictive recovery or future independence levels

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Education- Therapist is a Teacher

- How do Susan's deficits impact her?
- What challenges does she currently have?
- What challenges will she face in the future?
- What are the priorities for treatment?
- What area(s) can be targeted in treatment
- "go over the menu" with them

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Educating = Counseling

- There is an art to educating patients and caregivers
- Counseling is a skill that develops over time, each new client interaction makes you a better counselor
- Sometimes the most valued part of therapy is what you are able to provide in terms of counseling and education
- Many parents feel at such as loss to help their kids, empower them!
- Do they feel good after each session?
- Do they want to come back?
- Does the kid feel understood, heard, valued?
- All of these objectives are met through counseling

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Educating = Counseling

- There are so many factors to consider when determining how to interact with each client/patient/parent/caregiver
- Young kids, tweens, teenagers, girls, boys, personality types, psychological factors, parents, moms, dads, acceptance, readiness
- Think of someone who has provided you education/counseling: what made this person good at it, not good at it?
- Communication skills should be a strength of an SLP- train yourself to get better after each interaction- solicit feedback
- What did you find helpful? I was hoping to... did I?

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Educating = Counseling

- “Fake it ‘til you make it”... establish rapport and confidence
- “Never let them see you sweat”... be honest with knowledge, but confident when you don’t know
- When you don’t know- find out!
- “You know, that’s a great question, can we discuss it further next session?”
- “I want to make sure that I really provide you a thoughtful, complete answer”
- “So I’ve been thinking more about...”
- Many parents and kids will lose trust very easily in the first few sessions- how long will they give you?

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My Favorite... Counseling “Stories”

- Analogies, examples, and “stories” are a great way to provide critical information to kids and parents in an easy to understand and memorable way
- Over the years, I have gotten good feedback about how I counsel and the examples I use
- “That really stuck with me”
- “I use that when I explained her challenges to her teacher”
- “That really helped me finally see what she struggles with”

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My Favorite... Counseling “Stories”

- Word Finding Deficits: File folders, Jukebox
- Cognitive Endurance: Gas Tank, Smart Car vs. Gas Guzzler
- Cognitive Fatigue: Car stuck in the mud
- Slow Processing Speed: Funnel with small tube
- Reduced Processing Capacity: Small funnel
- Active Encoding: Vacuum vs. sponge
- Pacing/Slow Rate: sponge overflow, stock ticker

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My Favorite... Counseling “Stories”

Word Finding Deficits

Files Messed
UP

Jukebox searching for “A3”

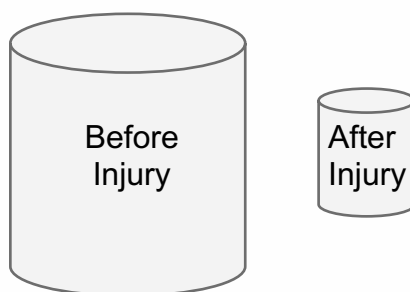
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My Favorite... Counseling “Stories”

Cognitive Energy: “Mental Endurance”



Mental Gas Tank

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My Favorite... Counseling “Stories”

Cognitive Energy: “Mental Endurance”

Before Injury
or
Typical

After Injury
or
impaired

Fuel Efficiency

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My Favorite... Counseling “Stories”

Cognitive Energy: “Cognitive Fatigue”

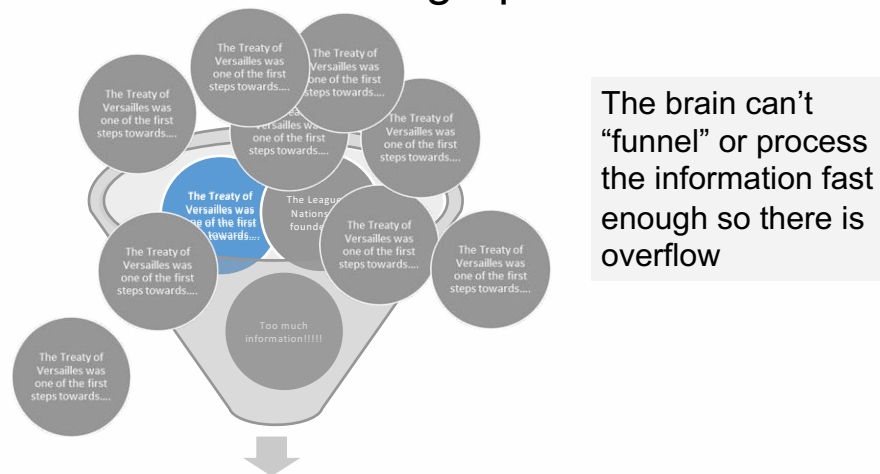
Take a Break!

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My Favorite... Counseling “Stories” Reduced Processing Speed



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My Favorite... Counseling “Stories” Reduced Processing Capacity



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My Favorite... Counseling “Stories”

Active Encoding: put info into memory

Vacuum:
Active and
purposeful
encoding

Sponge:
Passive and
happenstance
encoding

My Favorite... Counseling “Stories”

Pacing/Slowed Rate: to
help with comprehension

Stock
Ticker-
slow down
and
present 2-3
at a time
then pause

Sponge: too much water
too fast and will overflow.
Little water at the right
pace = absorbed

Must Have Resources

Brainline Kids

- Excellent source for “vetted”, evidence based information for kids, parents, clinicians, teachers, and families (siblings)
- Multiple sources for information in one place
- Videos, handouts, articles, links
- http://www.brainline.org/landing_pages/features/blkids.html

ProjectLEARNet

- A Resource for teachers, clinicians, parents, and students by the Brain Injury Association of New York State
- Interactive Problem Solving tool
- Tutorials are FANTASTIC!
- Highly recommend for deeper understanding of cognition
- <http://www.projectlearn.net.org/>

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Must Have Resources

Center for Brain Injury Research and Training (CBIRT)

- A center under the Office of the Vice President for Research and Innovation at the University of Oregon.
- Conducts research and training to improve the lives of children and adults with traumatic brain injury (TBI)
- Great information for training for clinicians, schools, and families
- <https://cbirt.org/> (website currently under construction)

Understood.org

- 5 nonprofit organizations joined forces to support parents of the one in five children with learning and attention issues throughout their journey
- VERY user friendly for kids/families
- Interactive “through your child’s eyes” is a MUST
- Webinars, Ask the Expert, handouts, Top Tens
- Sign up and get weekly emails which are very useful

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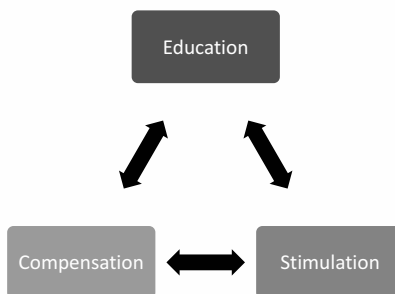


Cognitive Rehab Targets Improved Functional Outcomes

Extensive client/family education

Stimulation for recovery of underlying skills

Development/training compensatory strategies/accommodations



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Stimulation of Cognitive Skills

- An analysis identifies the deficient underlying key cognitive processes
- Training exercises are designed to improve a particular deficit
- Can involve pen/paper, remedial games, computer tasks, OR functional real-life activities
- With correct kind of stimulation, new neurons can create optimal neural pathways and templates
- “Cells that fire together, wire together”
- A direct retraining of cognitive processes can result in reorganization of higher level thought processes

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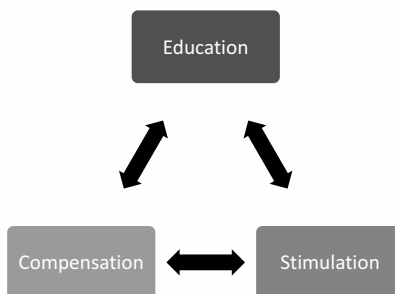


Cognitive Rehab Targets Improved Functional Outcomes

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Improved Functional Outcomes by Learning to Compensate

- Significant progress can be made in therapy even if the likelihood of further skill development/progress is limited
- This is exactly when to begin to think about training in the use of strategies or developing accommodations to compensate for persistent deficits
- This type of thinking is sometimes a direct opposite of what SLP's are used to
- I argue that the BEST progress and outcomes can come from shifting to this approach

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Process for Developing Compensation for Increased Functional Independence

1. Determine a functional outcome goal
2. Determine the deficits contributing to poor outcome
3. Educate patient/family re: deficit and goal
4. Probe patient's insight/awareness of impact of deficit and target this in therapy as needed (metacognition)
5. Develop the compensatory technique
6. Train use of any self-directed strategy or aid in therapy
7. Train the caregivers and support system
8. Develop reinforcement system to help generalize to functional tasks
9. Target generalization of strategy to functional tasks
10. Once a strategy/step is mastered move on to the next one

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Determine Patient's Insight/Awareness (Metacognition) and Target as Needed

- Good insight, awareness, metacognition is the key to successful self-directed strategy or external aid use!!!
- You should try to improve metacognition/insight
- If the child is not able to develop this- then the choice between supports from others and use of self-directed strategies is clear

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What is Metacognition?

- The ability to stand back and take a bird's eye view of yourself in a situation, to observe how you problem solve.
- Includes self-monitoring and self-evaluation skills (how am I doing or how did I do?)
- A young child can change behavior in response to feedback from an adult.
- A teen can monitor and critique her performance and improve it by observing others

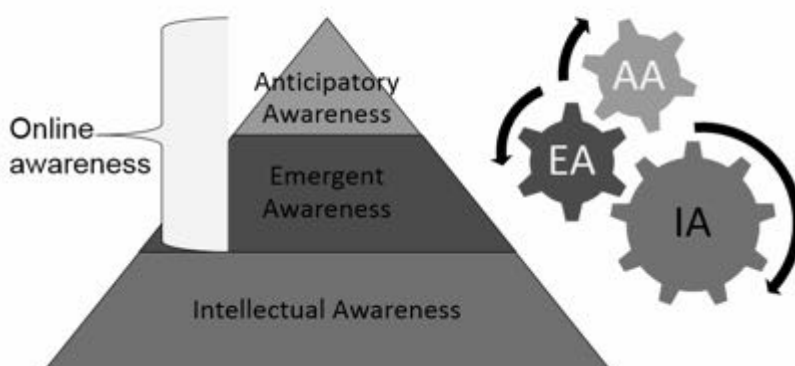
Self-Awareness/Insight

- Acknowledgement of strengths and limitations, in particular the ability to understand the nature of impairment and appreciate its implications.
- Awareness of cognitive physical, social, and communicative functions and functional outcomes
- Cognitive process requiring integration of information from both external reality and inner experience.
- Includes the ability to self-monitor and self-correct behavior, and is among the highest cognitive functions
- Essential to a client's use of self-initiated strategies or external aids

Self-Awareness/Insight

- **Intellectual Awareness:** cognitive capacity to understand that a particular function is diminished and to acknowledge the possible implications deficits may have on functional performance.
- **Emergent Awareness:** ability to recognize a problem when it is actually occurring during an activity (ONLINE)
- **Anticipatory Awareness:** ability to anticipate that a particular problem may be experienced in a particular task or situation (ONLINE)
- **ONLINE** involves the ability to detect errors during actual performance, anticipate likely problems and initiate compensatory strategies aimed at overcoming these possible problems

Self-Awareness/Insight



Build Self-Awareness/Insight with Questions in Treatment

“Good question! How do you suppose you could find the answer?”

“How do you think you will do on your presentation. Why?”

“What could you do to increase your communication?”

“Tell me how you figured out your answer to that question.”

“This is a big challenge. What will you do 1st? Then what?”

“How long do you think it will take you to finish this? Let’s see if you’re right.”

“Tell me your home program plan. What will you do first? When will you do it?”

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Build Self-Awareness/Insight with Questions in Treatment

“Sometimes it’s hard to get started on your home program. What can you do to make it easier?”

“What can you do to make sure you keep working until the task is done?”

“How can you keep from becoming distracted while you’re trying to work?”

“Tell me how you came to that conclusion, made that decision, etc. What would be another choice you could have made?”

“Let me show you how I thought about the problem when I tried to solve it.”

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Compensation for Persistent Deficits

- Teach/train child and caregiver to compensate for deficits
 - The problem is still there, but the functional impact of it is minimized
1. Environmental modifications (provided by others)
 2. Accommodations by caregivers, aids, teachers, friends (provided by others)
 3. External aid use (patient/client/student use)
 4. Self Directed Strategies (patient/client/student use)

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Compensation for Persistent Deficits

1. Structure the environment: seating, routine, materials, scheduling, people
2. Modify expectations: less work, different curriculum, test formats
3. Accommodations: provide alternate formats, guided notes, summary study guide
4. Instructional Techniques: advance organizers, slowed rate of speech, small group instruction
5. Assistive Technology: audiobooks, smartpens, videos, computer, phones
6. Student self-strategies: checklist, planner

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Self-Directed Strategies and External Aids: Must Haves

- Metacognition- Insight and Awareness
- Initiation
- Motivation/Desire
- A functional outcome goal to strive toward
- If the above are not feasible, then we would only target use of accommodations or environmental modifications
- Some use of external aids if can be built into a routine successfully

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Keys to successful compensatory technique and use

- The client, family, and clinician are an integral part of the strategy development process
- Kids are more likely to use a strategy if they help create it
- Many kids may be embarrassed to ask for or receive an obvious accommodation in school
- Teachers want kids to self-advocate- but our kids often “don’t know when they don’t know”

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Developing Self-Strategies and External Aids

- To start, we create a chart describing the area of challenge, the functional impact, the “annoyance” factor, possible strategies
- Have the client “name” the strategy to make it personal
- Have the client create a written or picture description of the strategy
- I have all of my kids keep a “strategy” notebook which they manage, make, and keep

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Strategies for Decreased Attention

- If attention deficits are not addressed, it is often impossible to address any other deficits in a structured manner
- Some patients can do very well in quiet environment (1:1 office) but fall apart with distractions so it is important to probe this in interview
- One of most persistent deficits in kids who are referred for “cognitive rehab” approach due to non neuro dx and very common in kids with ABI or neuro dx

Strategies for Decreased Attention

Types of Attention

- Focused attention: the ability to focus attention or to concentrate
- Sustained attention: the ability to maintain attention to a stimulus over a period of time
- Selective attention: the ability to direct attention to one stimulus while ignoring another
- Attention shift: ability to shift attention easily from one stimulus to another
- Attention to Detail/Accurate Task Completion
- ON TASK BEHAVIOR

Kinds of Attention

FOCUS

Able to pay attention
and concentrate

KEEPING FOCUS

Able to keep paying attention and
focus as it takes to do the work

BLINDER FOCUS

Keep focus even when there
are distractions around. Put
on the blinders and block it
all out.

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Kinds of Attention

CONCENTRATION

Able to pay
attention and focus
on something

HIGHWAY CONCENTRATION

Able to keep paying
attention and
focus to do all the work

FISHBOWL CONCENTRATION

Keep focus even when there
are distractions around.
Pretend you are in bowl and
can't hear or see anything.

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My Favorite Strategies for: Increasing Attention for Task Completion

1. Get the Job Done
2. The Job Stopper
3. Focus Girl/Boy/Man

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My Favorite Strategies for: Increasing Attention for Task Completion

Get the Job Done

To get the child to understand the concept of on and off task behaviors in order to complete a task (a lot of kids have no idea what you mean when you say “pay attention!”)

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My Favorite Strategies for: Increasing Attention for Task Completion

The Job Stopper

To get the child to understand distractions and
to identify what distracts him/her- both internally
and externally

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My Favorite Strategies for: Increasing Attention for Task Completion

Focus Girl/Boy

To get the child to manage his/her attention
challenges and to learn to actively block out
distractions to stay on task in order to
successfully complete the task

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GET THE JOB DONE

- What I am supposed to be doing?
- Do I have everything I need?



- Start to work
- Pay attention
- No la la land
- Block Job Stoppers
- Don't talk about things that "pop in my head"
- Keep going until it's done

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GET THE JOB DONE

- What I am supposed to be doing?
- Do I have everything I need?

- Start to work
- Pay attention
- Keep going until it's all done
- No playing
- No looking around
- Ask for help when I get stuck

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GET THE JOB DONE

1. DO ALL THE PARTS OF THE JOB
2. KEEP WORKING- DON'T STOP
3. WORK SLOW- BE CAREFUL
4. THINK HARD
5. ASK FOR HELP WHEN STUCK

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JOB STOPPER

**he takes away
my attention so
I can't do what
I am supposed
to do**

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JOB STOPPER: USES DISTRACTIONS TO STOP YOU FROM DOING A JOB WELL OR FINISHING A JOB. HE TAKES AWAY YOUR ATTENTION.

USE FOCUS MAN TO BLOCK THE JOB STOPPERS AND GET THE JOB DONE

GET THE JOB DONE
BY AIDEN

1. LISTEN TO THE DIRECTIONS
2. START THE JOB
3. DO YOUR BEST WORK
4. KEEP FOCUSED
5. DON'T STOP UNTIL THE THE WORK IS DONE



The job stopper

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How does
the
**Job
Stopper**
r
use
Aiden
Inside?

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The Job Stopper
Uses Aiden!!!!

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changing the outcome together

Aiden's Outside DISTRACTIONS



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changing the outcome together

continued™



FOCUS MAN

defeats

The Job Stopper

by using his powers of:

- Super Listening
 - Laser Focus
 - Stick to it ability
- Ignoring distractions
 - Hard Work
 - Stillness

.

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FOCUS MAN

Helps me with my JOBS

- DOING MY SCHOOLWORK
- NOT TOUCHING OTHERS WHEN I'M NOT SUPPOSED TO
- LISTENING TO MY PARENTS AND TEACHERS



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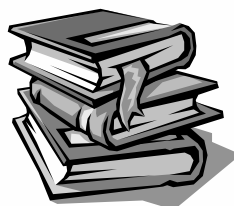
THE JOB STOPPER

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What does he use?



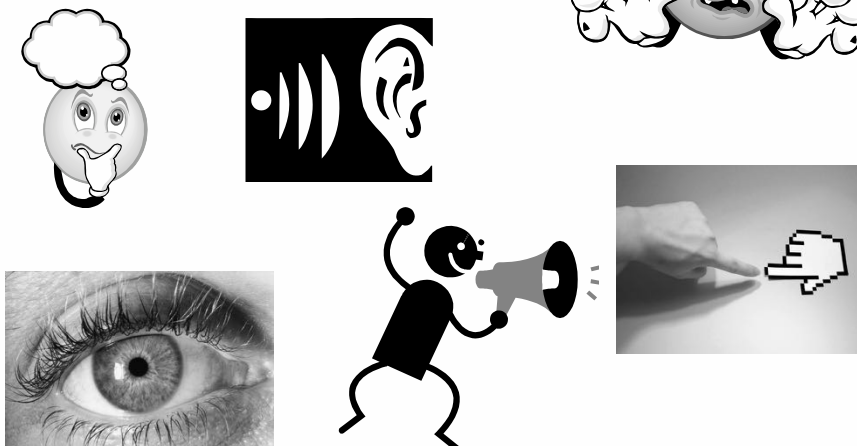
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What does he use?



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My Favorite Strategy for Increasing Metacognitive Awareness: Self Rating Scales

- Goal is to have the child self-rate in order to improve awareness of his/her own performance
- To get a “feel” for good performance and to understand and recognize factors which decrease performance
- To begin to understand that he/she has some control and is able to improve an outcome with use of a strategy

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ATTENTION SCALE

1. Not paying attention at all
 - Not listening
 - Focused on other things
 - Not doing the work
 - Totally distracted
 - Attention is on something else instead of the work
2. Paying attention a little
 - Listing a little bit
 - In/out with attention
 - Very distracted
 - Doing a little of the work
 - Majority of attention on other things
3. Paying attention 1/2 the task/time
 - Listening ½ the time
 - Still pretty distracted
 - Doing ½ the work or working ½ the time
 - Attention is 50/50 between working versus talking/daydreaming/watching
 - Distractions are bothering you
4. Paying Good Attention
 - Listening most of the time, good concentration and focus
 - Able to block distractions
 - Don't distract yourself
 - Doing most of the work
 - The majority of your attention is on the work
 - Are distracted sometimes but are able to keep working without losing place or making mistakes
5. Paying attention totally
 - Focused the whole time
 - Able to block distractions
 - Doing all of the work without stopping
 - Attention 100% on work
 - Ignoring others and no daydreaming

Abby's UNDERSTANDING SCALE (how well do I get it?)

- ▶ 1. I don't understand/remember this at all. I am confused.
- ▶ 2. I don't understand/remember this much at all, only a little.
- ▶ 3. I understand/remember some of this, it was still hard to "get".
- ▶ 4. I understand/remember most of this.
- ▶ 5. I understand/remember all of this really well.

Why did you choose this rating?

“My Mental Strength”

- | | | | |
|----------|--|---|----------|
| 5 | <ul style="list-style-type: none"> • Medium Thinking Speed • Not tired • No stress/not overwhelmed • Can pay attention and focus with effort • Good mood- not angry or frustrated or down | <ul style="list-style-type: none"> • Thinking speed is slow • Really tired • Really stressed • Tiny amount of attention left • Mood starting to go downhill | 2 |
| 4 | <ul style="list-style-type: none"> • Medium Thinking Speed • Little tired • Little stressed • Can pay attention and focus with more effort • Still in good mood | <ul style="list-style-type: none"> • Can't think • Super tired • Overwhelmed • Way off on attention and focus • Very bad mood: angry, frustrated, and/or depressed | 1 |
| 3 | <ul style="list-style-type: none"> • Slowed Thinking Speed • Noticeably tired • Stressed • In and out attention/distracted • Blank mood- not doing much at all | | |

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“My Mental Strength” RULES

RULES

- 1:** Take a break, stop working, time alone-music
- 2:** Take a break, stop working for a short time, ask for help
- 3:** Start planning a break, keep working, ask for help if needed
- 4:** Keep working
- 5:** Keep working, look for ways to get stuff done ahead of time



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continued™

My Favorite Strategy for: Building Insight Awareness Create Own Handouts/Presentations

- Have the child create their own “educational” presentation like a handout or slides
- Can share with family and friends
- Doesn't have to be shared- just creating it develops metacognition and helps manage frustration and sadness

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Feeling “ON EMPTY”



- Tired brain
- Can't pay attention
- My energy is used up-out of gas!
- Things take me long time
- Things are harder for me than you think



- Please don't bother me when I feel like this
- I get mad and frustrated more easily
- This is not my fault- my brain needs to REST
- With a rest, I feel better like a new person

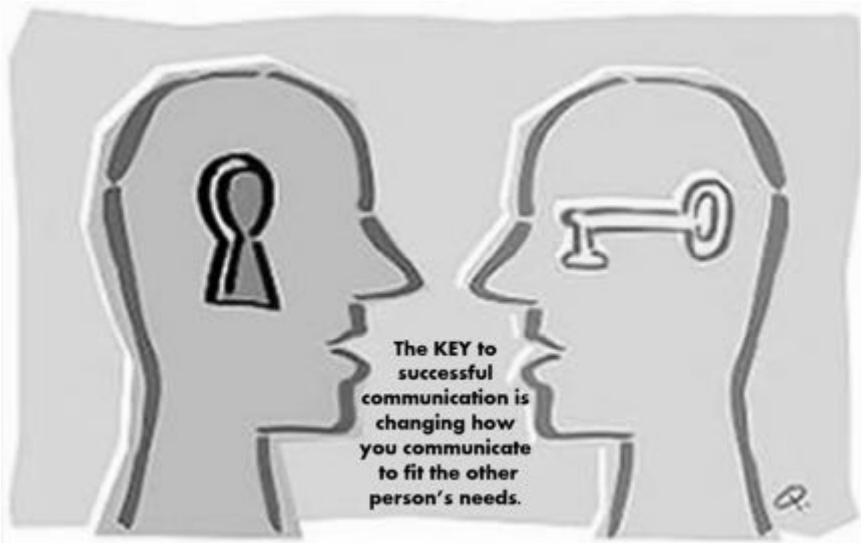
**SOLUTION: I need a nap/rest-
tell me nicely!!!!**

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continued™



The KEY to successful communication is changing how you communicate to fit the other person's needs.

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changing the outcome together

My Favorite Strategy for: Learning to Manage Tasks Which Take Effort

“How Hard Does it Feel? Scale”

- A strategy designed to help a child initiate tasks and sustain attention to tasks which he/she perceive as “HARD!”
- Also helps with improving emotional regulation and not overreacting
- Helps the child to develop a more realistic sense of “Hard”
- Helps them analyze underlying causes of difficulty

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CLIMBING THE MOUNTAIN SCALE

1. SLEEPING
2. WATCHING TV
3. CLEANING
MY ROOM
4. CLEANING THE
YARD
5. Climb The
Mountain!

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How hard does it feel? SCALE

1. Round off
2. Painting left hand fingernails
3. Backflip on
trampoline
4. Backbend
5. Swimming across
the Ohio River

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How hard is it (FEELS TO ME)

<p>5. Impossible- reading a whole book</p> <p>4. Really hard- memorize</p> <p>3. Challenging- math page</p> <p>2. I can do it- getting along with sisters</p> <p>1. Super easy- clean my room</p>	<p>Outside stuff</p> <ul style="list-style-type: none"> • Distractions • Who else is around • Time/when
---	--

Reasons job is 1-5


- Confusing vs. I get it
- A lot vs small
- Fun vs I don't like it
- Have to think vs not to think

Reasons my feeling 1-5

- Mood
- Headache
- Gas tank
- Do I want to be doing something else

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**My Favorite Strategy for:
Learning to Manage Tasks Which
Take Effort**

How do I Make it “Feel” Easier

1. Helps them modify the task in order to decrease the perception of difficulty
2. Develops a plan or reward for task completion
3. Decreases child and parent HW battles

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How can I make it feel easier?

1. Only look at one assignment at a time
2. Read the directions and give a smiley
3. Ask for help if I don't understand the directions
4. Do one at a time
5. Go back and read
6. I give myself a reward for my work

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How can I make it feel easier?

1. Finish the most important work first
2. Plan how to break up longer projects or assignments into chunks
3. Ask for help if I am not totally sure what to do
4. Only look at one assignment at a time
5. I give myself a reward for my work

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My Reading Packet Plan

1. How many pages are there? _____
2. How many days do I have to do the work? _____

My Plan

Mon: pages _____

Tue: pages _____

Wed: pages _____

Thu: pages _____

Fri: pages _____

Reward when all done: _____

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My Favorite Strategy for: Improving Metacognitive Awareness of Memory Deficits To Improve Use of Strategies In School

“Test Analysis”

- Gather a few of the child's tests and determine WHY each question was missed to develop increased awareness of the area of memory breakdown and plan strategy use

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TEST ANALYSIS REASONS FOR MISSED QUESTIONS

	Didn't study that material at all	Didn't study it well enough	Studied it- but forgot it when tested	Didn't understand the material when I studied	Confusing question
History Test					
STRATEGY TO USE ON NEXT TEST	Verify with teachers what areas YOU think are important to know prior to a test	Review several days ahead of time and use Self-testing to verify you know it	Use memory encoding strategies to help information "stick"	Make appt. with teacher or tutor to go over material BEFORE the test	Ask teacher during test

My Favorite External Aid for Reduced Attention, Processing Speed, Auditory Comprehension, Memory

THE SMART PEN

www.livescribe.com

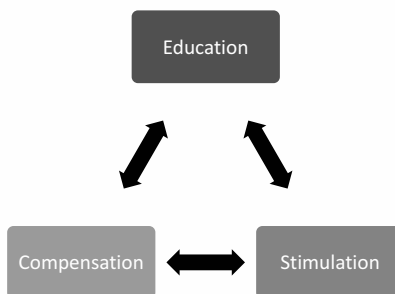
- A pen which you can use to take notes on paper embedded with computer chips
- After you take the notes, you can tap anywhere on your notes and the pen will play back that audio recording of what was being said at the exact moment you wrote the note
- All notes can be uploaded to your computer for later viewing and management
- I recommend it for kids who can't keep up with the pace of the lecture, have trouble focusing or spacing out, get stressed or anxious about note taking, and need to review and re-listen to the lecture for increased understanding or memory

Cognitive Rehab Targets Improved Functional Outcomes

Extensive client/family education

Stimulation for recovery of underlying skills

Development/training compensatory strategies/accommodations



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Wrap-Up/Questions

Thank you for your participation!!!

Stephanie Volker MS CCC-SLP

Coordinator Speech Pathology

Director Outpatient Neurorehabilitation Team

Cincinnati Children's Hospital Medical Center

Stephanie.volker@cchmc.org

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December Tip: Games for Language, Speech and Cognition

As the holidays are approaching, many of our family members have asked us for recommendations for gifts, family gatherings or school vacations. We created a handbook of tips and games that are not only fun for kids, but also useful for parents. These are great for expanding a child's language, literacy and cognitive skills while having fun. They may be used in therapy or recommended for a home program. Enjoy!

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