

Cognitive Rehabilitation in the Real World

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What we thought:

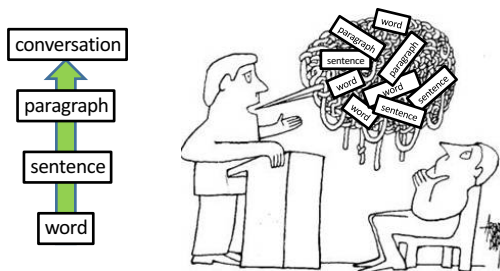
“Brain injury rehabilitation must be designed taking into account a broad range of neuro-functional strengths and weaknesses. Basic skills must be strengthened before more complex skills are added.”

Y. Ben-Yishay

What we know now:

1. We don't have time to wait.
2. We don't know what the “basics” are.

The whole ≠ the sum of the parts



What we thought:

“Brain injury rehabilitation must be designed taking into account a broad range of neuro-functional strengths and weaknesses. Basic skills must be strengthened before more complex skills are added.”

Y. Ben-Yishay

What we know now:

1. We don't have time to wait.
2. We don't know what the “basics” are.
3. Sometimes training the most complex functions is more effective.

What we thought:

Practice makes perfect.

What we know now:

Practice X 1,000,000 makes perfect.

What we thought:



What we know now:



What we thought:

What we know now:

We knew the ingredients.

We might *be* the ingredients.



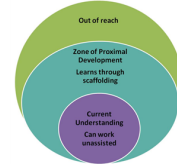
<http://atlantatechvillage.com/buzz/2016/03/30/conversation-mentorship-startup-ceos/>

What we thought:

What we know now:

Participation is enough.

Vygotsky was right.



What we thought:

What we know:

One size fits all.

One size fits no-one.

What we thought:

What we know:

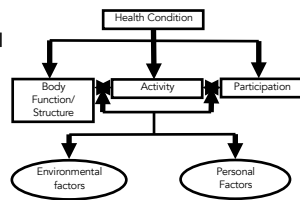
Rehab gains last.

Use it or lose it.

What we thought:

What we know now:

Therapists set goals, and goal attainment is the main outcome measure.



What we thought:

What we know now:

It takes a team.



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Effective cognitive rehabilitation:

- Embraces complexity
- Occurs in contexts in which new knowledge and skills will be used
- Is individualized and challenging
- Extends beyond traditional service delivery windows
- Involves all stakeholders

**What are we going to do
about it?**