




GREAT Cognitive Rehabilitation

Addressing
therapy
goals



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Addressing therapy goals

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Maintaining independence in Alzheimer's and related dementias
through Goal-oriented cognitive REhAbiliTation:
Implementation into Practice (GREAT-iP)

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GREAT Cognitive Rehabilitation – Addressing therapy goals

This booklet provides examples of how to successfully address therapy goals in GREAT Cognitive Rehabilitation (GREAT CR) for people with early-stage dementia. The examples are from the GREAT trial and represent a variety of therapy goals and varying levels of cognitive functioning. We hope they will help you translate the theory of GREAT CR into practical solutions for people you support.

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GREAT Cognitive Rehabilitation:

Recognising, identifying and naming



GOAL: I will remember the names of my grandchildren

What are the possible motivations underlying this goal?

- Avoiding embarrassment.
- Maintaining engagement with family.

What difficulties might be interfering with being able to do this activity?

- Difficulty retrieving words and names.
- Difficulty matching the correct name to the individual.
- Changes in appearance or hairstyle over time could make it hard to recognise individuals.

Could this activity be simplified?

- When with the grandchild, the person could avoid using the child's name, and instead use a culturally-appropriate generic pet name, for example 'dear' or 'love'.

Which strategies would be helpful for addressing this goal?

- Enhanced learning techniques: Mnemonics, semantic elaboration, expanding rehearsal, chunking, graded activity.
- Compensatory strategies: Using memory aids such as labelled pictures, having a family tree picture in view, having a book of family photographs, having a 'cheat sheet' in one's pocket to use during visits by the grandchild.
- Other CRelements: Managing anxiety.

How might the practitioner use these strategies?

With the person directly

- Work with the person to create a 'family tree', showing the person's children and the grandchildren, with current photographs, so that the names of the grandchildren can be 'chunked' in family groups.
- Identify with the person those grandchildren whose names are most difficult to retrieve accurately. Work through these one at a time (graded activity). Use semantic elaboration and mnemonics to link the name to well-remembered details. Practise the associations with expanding rehearsal.

Alternatively, practice the names of those visiting most regularly if recalling them is an issue.

- Assist the person to create a card-matching game to practise linking the name and face of each grandchild name links – have multiple pictures of each grandchild, to encourage generalisation where there are small changes in appearance or different clothing.

(Continued overleaf)

How might the practitioner use these strategies? (Continued)

By involving the care partner

- Encourage the care partner to help the person practise the card-matching game between sessions.
- Encourage the care partner to prompt the use of the person's preferred mnemonic for each child if s/he is struggling to retrieve a name.
- Encourage the care partner to facilitate targeted practice, for example for a grandchild who does not visit often, the care partner could introduce the practice a couple of days before a planned visit.

What associated issues might you need to address to support achieving this goal?

- Embarrassment may lead to the person avoiding contact with the grandchildren or not engaging with them when they visit. Encourage the use of anxiety management strategies, including breathing exercises, and discuss ways of ensuring visits are a positive experience.
- Discuss 'normal' conversations, and model how a conversation can occur without reference to a single name, to provide the person with alternative options.

Engaging support from the person's wider network

- Discuss the extent to which the grandchildren are aware of their grandparent's problems and the diagnosis. There is a range of literature available to support this, geared towards different age groups. Potentially assist grandchildren to understand that memory lapses may occur, and how they can help with prompting.



Tony was an 83-year old man, living with his wife Doris. Two of their three children lived locally, and altogether they had 8 grandchildren, ranging in age from 18 months to 19 years.

Tony and Doris started by writing a list of the grandchildren, grouping them according to their parents. They added a recent photograph of each child to the chart. Beginning with those most often forgotten (the 2 grandchildren living at a distance), the CRpractitioner used semantic elaboration and verbal mnemonics to

help Tony recall names, and these were initially practised using expanding retrieval. For example, 'Rory' was remembered as a roaring lion, and 'Jack' was pictured with a beanstalk!

Later a card-matching game was introduced as a preferred way to practise links between photographs and names. One-word prompts were developed for Doris, so she could give a cue if Tony got stuck on a name.

The older grandchildren were aware of grandad's dementia, and enjoyed playing games with him and showing him what they were doing at school or college. This helped overcome Tony's embarrassment at occasional lapses.

GREAT Cognitive Rehabilitation: **Retaining or keeping track of information and events**



GOAL: I will know the day's appointments without asking

What are the possible motivations underlying this goal?

- Reducing burden on care partner.
- Maintaining independence.
- Being able to plan the day, and avoid embarrassment from missing appointments.

What difficulties might be interfering with being able to do this activity?

- Difficulty knowing the date.
- Not remembering to refer to a diary or calendar to check appointments.
- Having trouble locating a diary or calendar when needed.
- Lack of confidence in ability to retain information.

Could this activity be simplified?

- Appointments for the current day could be listed on a whiteboard in a prominent place.
- One-day or one-week calendars could help to avoid potential mistakes.

Which strategies would be helpful for addressing this goal?

- Enhanced learning techniques: Modelling, effortful processing, expanded rehearsal, action-based learning, graded activity, fading prompts.
- Compensatory strategies: Using memory aids, assistive technology.
- Other CRelements: Reduce anxiety.

How might the practitioner use these strategies?

With the person directly

- Place a clock which shows the day and date clearly and updates the information automatically in a prominent position close to the location of the memory aid.
- Consider whether the person is able to learn to use a smart phone or tablet to check the day and date, or use an appointment app.
- Practise locating the correct day and date, for example from the newspaper, TV, a single-day calendar
- Identify which memory aid the person finds most useful, building on previous strategies where possible; for example, this could be a calendar or diary.
- Model a strategy for ensuring that current day is immediately evident, for example, crossing out previous days in the diary.
- Practise entering appointments into a calendar or diary, repeating the information until it has been entered correctly.

(Continued overleaf)

How might the practitioner use these strategies? (Continued)

With the person directly

- Consider using routine to help remember, especially if pre-existing appointments are on regular days; for example, Monday is washing day, Sunday is for going to church.
- Use multimodal strategies to encourage effortful processing. The person could say the appointments for the day out loud, rewrite them into a pocket notebook. Encourage the person to complete his or her own calendar or whiteboard entries.
- Use expanding rehearsal to recall the day's events, as this can help with retention when the information source is no longer close by.

By involving the care partner

- The care partner can be encouraged to prompt the person to use a memory aid rather than providing information directly, using fading prompts.
- The care partner can be encouraged to discreetly ensure the memory aid for the day and date is accurate; for example if this is a daily newspaper, the care partner can ensure the previous day's paper is removed.

What associated issues might you need to address to support achieving this goal?

- Agree on how to position memory aids where they are most likely to be seen and used.
- Consider whether the person could carry a notebook, to which the day's appointments can be transferred, if retention is an issue.
- If the person becomes anxious regarding appointments, teach breathing exercises to use when feeling anxious, and devise a plan to implement in case of anxiety.
- Some people feel embarrassment regarding having memory aids in prominent positions, or feel this is a reminder of dementia; talk to the person in a way that normalises the use of memory aids, and explains the importance of accepting supports for physical disabilities.

Engaging support from the person's wider network

- Encourage wider family and friends to prompt the use of a calendar or memory aid – if telephoning, for example, they can check with the person that appointment has been written on the calendar.



Iris, 90, lives with her husband, Jim. He became frustrated when Iris asked him repeatedly what they were doing today, when they were due at hospital, when family were visiting. The CRPractitioner agreed referring to the newspaper, which was delivered each day, to identify the correct day and date would be the first step.

The second step was to start using a monthly calendar to write appointments and other information regarding what was happening each day. Crossing off days in the calendar as they happen, helped ensuring the participant is on the right day. Iris had never used a calendar herself and had always relied on Jim, so this was new learning for her, and a change to a previous pattern. Graded activity was used to ensure the first step became a habitual practice before progressing to the second step. Modelling was used to introduce the strategy of crossing off days in the calendar. Jim prompted Iris to refer to the calendar and to cross off days, and was instructed in the use of the fading prompts technique so that his prompting became less and less explicit.

The CRPractitioner worked with Iris using effortful processing of information to improve retention of the information until written on the calendar. This involved repeating back the appointments details that were to be written down on the calendar, together with expanding rehearsal.

GREAT Cognitive Rehabilitation: **Retaining or keeping track of information and events**



GOAL: I will record telephone messages accurately and pass them on

What are the possible motivations underlying this goal?

- Supporting the care partner.
- Maintaining independence.

What difficulties might be interfering with being able to do this activity?

- Picking up key elements of the message.
- Remembering to write it down.
- Locating pen and paper.

Could this activity be simplified?

- Set telephone to answerphone when the care partner is not present.
- Divert calls to the care partner's mobilephone.

Which strategies would be helpful for addressing this goal?

- Enhanced learning techniques: Action-based learning, effortful processing.
- Compensatory strategies: Using memory aids.
- Other CRelements: Reduce anxiety, increase attention, understanding of own dementia symptoms.

How might the practitioner use these strategies?

With the person directly

- Keeping a notepad and pen by the phone, as a prompt and a tool.
- The notepad could have key points added to each page covering Who? Where? When? What? Why? to help focus the conversation and message.
- Practising writing down dictated "messages", picking out the important facts from stories by listening to and then answering questions about them, or discussing interesting items from the news.
- Practising summarising information in articles and telling someone else about it.
- When taking messages asking people to wait while finding a pen and composing oneself, then asking them to repeat what they have said (several times if necessary) and reading it back at the end to check that it is correct.

(Continued overleaf)

How might the practitioner use these strategies? (Continued)

With the person directly

- If anxious about speaking to an answerphone, putting phone down, planning what to say, writing it down, then ringing back and saying it.
- Encouraging the person not to rely on memory for messages, and emphasising that it is alright to write things down.

By involving the care partner

- Encouraging the care partner to prompt use of a notepad for messages, and to be positive about the person's efforts to use it.
- The care partner should check the notepad on returning, as the person may not recall having taken a message.

What associated issues might you need to address to support achieving this goal?

- Ensure nuisance calls are blocked, so the person is not taking messages from scammers.

Engaging support from the person's wider network

- Make sure all the relevant people, such as other family members, know of the chosen strategies and can encourage the person to use them, for example by prompting the person to write a message down when they telephone.



Iwan was a 67-year old man, living with his wife Jean, who was out much of the day at work. She was often frustrated when she arrived home and he reported that someone had called, but he wasn't quite sure who.

The first step was to ensure there was a notepad and pen by the phone, as a prompt to take notes and to make sure notes could be taken quickly without disruption.

To manage anxiety and help with taking accurate messages, Iwan was encouraged to ask people to wait while taking time to find his pen and compose himself. He then practised with the CR practitioner asking callers to repeat what had been said (several times if necessary) and reading the message back at the end to check that he had noted it down correctly.

Iwan also practised with the CR practitioner writing down dictated "messages", picking out the important facts from stories by listening to them and answering questions about them. He also practised leaving messages for close family members and checking they were understood.

The CR practitioner ensured she telephoned Iwan the day before her weekly sessions to confirm the time, ensuring safe, and regular 'real life' practice of the task.

GREAT Cognitive Rehabilitation: Locating and retrieving belongings and other items



**GOAL: I will be able to locate my purse, keys, watch and glasses
whenever I need them**

What are the possible motivations underlying this goal?

- Being in control.
- Avoiding frustration.
- Not losing essential (and valuable) belongings.
- Being organised.
- Anxiety management.

What difficulties might be interfering with being able to do this activity?

- Not paying attention when the items are put down.
- Not remembering the last location of the items.
- Frustration and anxiety.
- Not taking the items when going out.
- Perceptual problems – not being able to identify the items in a crowded location, such as an over-full handbag, or when seen from a different viewpoint, for example glasses being folded up rather than open-armed and ready to wear.

Could this activity be simplified?

- A watch could be worn throughout the day.
- The person could keep spectacles on a lanyard worn round the neck; if multiple pairs of spectacles are in use, varifocals could be considered as an alternative.
- The person could identify one special place to keep all essential items, for example a large colourful fruit bowl on kitchen table.

Which strategies would be helpful for addressing this goal?

- Enhanced learning techniques: Modelling, mnemonics, expanding rehearsal, action-based learning.
- Compensatory strategies: Using memory aids, assistive technology, use of colour to aid identification.
- Other CRelements: Managing attention, reducing anxiety.

How might the practitioner use these strategies?

With the person directly

- Agreeing a set locations for essential items e.g. keys on hook by front door; purse on kitchen table.
- Paying attention to where things are put down and thinking about what one is doing when putting them down – for example, saying out loud ‘I am putting my watch on the bathroom cabinet’ .
- Using cue cards to prompt the placement of important items in agreed set locations; learning to use the cue cards with expanded rehearsal and fading prompts.
- Making key items easier to identify, for example, add coloured cord for glasses, choose a brightly-coloured purse, adopt a bright, chunky key fob.
- Devising and learning a mnemonic for the items that should always be taken out, for example, ‘Percy Keeps Washing Glasses’ for Purse-Keys-Watch-Glasses.
- Placing a note by the front door, listing the items that should always be taken when going out
- Considering assistive technology for finding items.

By involving the care partner

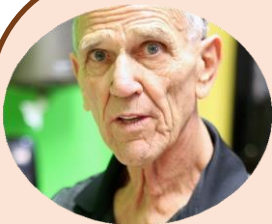
- Encouraging the care partner to prompt the use of agreed locations or of a mnemonic when going out together.

What associated issues might you need to address to support achieving this goal?

- Teach breathing exercises to help the person calm down if panic strikes when something is lost.

Engaging support from the person’s wider network

- Make sure all the relevant people, such as other family members, know of the chosen strategies and can encourage the person to use them.



Bill, an 80 year old man, already had ‘right places’ for his essential possessions, but was not using them effectively. Bill’s wife, Mary, was concerned about the best way to support him and wanted as much help as possible.

The practitioner worked with Bill and Mary to make cue cards for use at home for prompting the placement of important items in the agreed “right places”. Bill then practised with the CRpractitioner, who modelled being intentional when placing

things and thinking before putting them down.

Bill had five items he always needed to take when going out (car keys, house keys, wallet, diary and phone), and he worked with the practitioner to link these items to the fingers and thumb on one hand so that he could mentally check them off when about to go out.

The CRpractitioner encouraged Bill to have strategies to use when getting stressed about not being able to find things, using mindfulness, breathing exercises or going outside for a few minutes.

The cue cards worked well and at the end of the sessions Bill was keeping the five important items in the right places and can find them when needed.

GREAT Cognitive Rehabilitation: Locating and retrieving belongings and other items



GOAL: I will put things back in the right place when I am helping to wash up or dry up

What are the possible motivations underlying this goal?

- Independence.
- Maintaining self-esteem.
- Reducing frustration when looking for the items later.
- Desire to help the care partner or reduce burden on the care partner.

What difficulties might be interfering with being able to do this activity?

- Difficulty remembering where things are kept.
- Problems with attention and concentration.
- Visuo-perceptual problems and difficulties recognising objects.

Could this activity be simplified?

- The washing up could be done in stages so there are fewer utensils or items to put away at any one time.
- Some items could be left on view rather than put away in cupboards.
- The person could work together with the care partner so prompts can be given if needed.

Which strategies would be helpful for addressing this goal?

- Enhanced learning techniques: modelling; action-based learning; graded activity; expanding rehearsal; fading prompts.
- Compensatory methods: managing the environment; using memory aids.
- Other CR elements: problem-solving.

How might the practitioner use these strategies?

With the person directly

- Labels on cupboards, possibly using pictures, to indicate the contents could be used as prompts; these could be gradually faded out as the person became more accurate, or retained if necessary.
- Doing the washing up together would give an opportunity for modelling and action-based learning, with the CR practitioner talking through the correct placement of items. (Continued overleaf)

How might the practitioner use these strategies? (Continued)

With the person directly

- Expanding rehearsal could be used to learn the contents of each cupboard.

By involving the care partner

- The care partner could support action-based learning by showing and talking through where items belong.

What associated issues might you need to address to support achieving this goal?

- Frustration – the person could be encouraged to take a short break if feelings of frustration arise.

Engaging support from the person's wider network

- Make sure all the relevant people, such as, other family members or support workers, know about the chosen strategies and can encourage the person to use them, rather than telling the person what to do, or taking over the task.



Mary and her husband started with a small number of items to be dried and put away. Mary first let her husband show her where each item belonged, telling her at the same time. She repeated this and then practised with expanding rehearsal. As she got more confident, she decided to start actively learning the contents of each cupboard. The CR practitioner supported Mary to use effortful processing by saying out loud the list of items in each cupboard; this meant that she processed the information through both thinking and speaking aloud. Mary took one cupboard at a time and tested herself on its contents using expanding rehearsal; once she could recall the contents the next morning, she moved on to learn the contents of the next cupboard. Mary was soon able to deal with larger numbers of items, but sometimes felt frustrated with herself as she had to take time to think where to put them. When she started to feel frustrated, she would take a break and go into another room for a few minutes before resuming the task.



Bernard wanted to help his wife by drying up and putting things away, but struggled to find the right place. The CR practitioner suggested putting labels on the cupboard doors to show what should go in each cupboard. Bernard thought that pictures would be best. Once the coloured labels were in place, Bernard was quickly able to put things in the right place.

GREAT Cognitive Rehabilitation:

Using appliances, devices and gadgets



GOAL: I will use the microwave to warm up a ready meal each day

What are the possible motivations underlying this goal?

- Maintaining independence.
- Reducing dependence on care partner.
- Meeting nutritional needs.

What difficulties might be interfering with being able to do this activity?

- Initiating the activity.
- Knowing the steps involved in using the microwave.
- Interpreting and acting on written instructions for preparing the ready meal.
- Anxiety about engaging with technology.
- Difficulty in sequencing actions.
- Safety issues – fear of the consequences of making a mistake, either on the part of the person or on the part of the care partner.

Could this activity be simplified?

- The ready meal could be replaced by a pre-prepared sandwich.
- A simpler microwave could be obtained.
- Ready meals could be purchased from a company that is geared towards products for older people and provides easy standardised instructions for reheating.
- Explore other options such as whether there are local cafes or lunch clubs where the person could have a meal in a more social context or whether a neighbour could deliver a hot meal.

Which strategies would be helpful for addressing this goal?

- Enhanced learning techniques: Action-based learning with expanding rehearsal; graded activity approach.
- Compensatory strategies: Memory aids; managing the environment.
- Other Elements: Anxiety management.

How might the practitioner use these strategies?

With the person directly

- Establish with the person the sequence of steps required in order to heat a ready meal, in terms of the specific device the person will use.

(Continued overleaf)

How might the practitioner use these strategies? (Continued)

With the person directly

- Prepare with the person a laminated checklist of the sequence, illustrated with photos, pictures or diagrams as necessary, and position this close to microwave.
- Work on one step at a time, until the person is confident to move on. Use modelling, expanding rehearsal and action-based learning, building up the sequence over the sessions. Encourage the person to refer to the checklist if needed.
- Highlight key controls, switches or knobs on the microwave with coloured stickers if needed.

By involving the care partner

- Encourage the care partner to ensure a ready meal is available each day, clearly marked with any required information (e.g. time taken to heat up in the microwave).
- If needed, have a note on the refrigerator door as a reminder of which ready meal to use.
- Set up a workstation in the kitchen for preparing the ready meal, with microwave instructions, plate, cutlery, drink, etc., next to the microwave as a visual stimulus; this also removes the need to locate relevant items.

What associated issues might you need to address to support achieving this goal?

- If anxious about using technology, encourage breathing exercises and positive self-talk; anxiety will diminish as confidence in skills grows.

Engaging support from the person's wider network

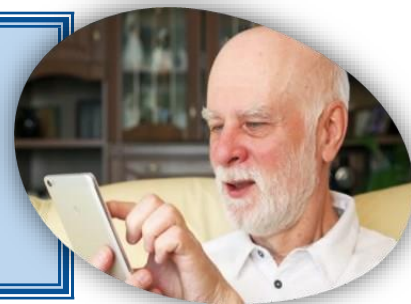
- Make sure all the relevant people, such as other family members, support workers, know of the instruction chart and can encourage the person to use it.



Dafydd was a 75-year old man, living alone. His daughter, Ruth, lived nearby and made sure he had a cooked meal in the evening, but was at work all day and worried he would not have anything to eat at lunch-time. Because of mobility problems, Dafydd could not easily go out for lunch. He had never cooked for himself, relying on his wife, who had died 2 years previously. At first, he had used their old microwave oven, but this stopped working, and the new one seemed much more complicated, and he became anxious about using it, in

case he made a mistake and broke it. Identifying a way to rectify possible mistakes was a priority and needed to be the first step taught, together with anxiety management (positive thinking and taking a deep breath). The sequence of steps needed, from finding the ready meal in the refrigerator to plating the meal, was charted with Dafydd, so that he could use this as a checklist to remind him of the actions needed. An action-based learning approach with expanding rehearsal was taken, only moving on when each step was confidently executed. A brightly coloured sticker was attached to the microwave, indicating the controls Dafydd would need to use, and Ruth agreed to ensure ready meals in the refrigerator were clearly labelled with the time needed for re-heating. Dafydd became increasingly confident with the microwave, but it was necessary to ensure that there was a chair for him to sit on by the microwave, or he occasionally went back to his sitting room and forgot the meal he had heated up.

GREAT Cognitive Rehabilitation: Using appliances, devices and gadgets



GOAL: To be able to make and receive calls using a mobile phone

What are the possible motivations underlying this goal?

- Maintaining independence – feeling confident to go out alone knowing can call someone or can be contacted.
- Enabling the caregiver to feel confident about the person going out alone.
- Needing social contact - keeping in contact with family and friends.
- Managing emotions – overcoming fear and anxiety (e.g. about getting lost).

What difficulties might be interfering with being able to do this activity?

- Not being able to locate the phone.
- Forgetting to charge the phone and turn it on.
- Forgetting to take the phone when going out.
- Not knowing the steps involved in using the phone, or getting these in a muddle.
- Fear of making a mistake.

Could this activity be simplified?

- Changing to a simpler phone, for example, a Doro phone or Age UK phone designed for older users.
- Using a phone with a speed-dial facility.
- Changing the phone settings, for example to provide a longer ring tone, the screen staying 'active' for longer, or a larger font size on the screen.
- Considering what is really necessary – would just being able to answer the phone be enough?

Which strategies would be helpful for addressing this goal?

- Enhanced learning techniques: Action-based learning; modelling; chunking; expanding rehearsal; effortful processing.
- Compensatory strategies: Simplifying the activity; memory aids.
- Other Elements: Anxiety management.

How might the practitioner use these strategies?

With the person directly

- Identify and teach a simple way to get back to the home page, to reduce anxiety about mistakes.
- Identify key contact(s) and how to access these.
- Figure out the steps involved in making or receiving a call, breaking this down into small achievable steps.
- Ideally have the person write the steps down. This could be augmented with photos or drawings.
- Teach and practise one step at a time; only add the next step when the previous one has been mastered. Use expanding rehearsal.
- Once the person has grasped all the steps, practise making calls, initially with both of you in the same room, then in different rooms and then with the person outside in the garden or street. Once the person is sufficiently confident, s/he should go further afield and practise making calls.

By involving the care partner

- Have the care partner practise the steps with the person between sessions.
- Then have the care partner practise making calls as above.
- When the person starts going further afield, the care partner should be available to respond to calls.

What associated issues might you need to address to support achieving this goal?

- Knowing where the phone is – being able to find the phone when needed.
- Strategies: Identify a place to keep the phone; ideally this will also be where the phone is charged.
- Remembering to take the phone when going out.
- Strategies: Prompts by the front door; a mnemonic, for example, BMW for bus pass, mobile and wallet.
- Managing to make a call when feeling anxious.
- Strategies: Breathing exercises to use when feeling anxious; devise a plan to implement in case of feeling anxious (e.g. find a quiet place); carry a shoulder bag or backpack to keep hands free for using the phone.

Engaging support from the person's wider network

- Make sure all the relevant people, such as other family members or support workers, know about the chosen strategies and can encourage the person to use them, rather than telling the person what to do, taking over the task, or moving onto the next step between sessions unless this was planned in advance.
- For example, supporters can refer the person to the written steps for making a call, remind the person about strategies for remembering to take the phone when going out, or encourage the person to use breathing exercises to manage anxiety.



John could not use the mobile phone because he was frightened of making a mistake. He and his wife chose a new Doro phone. The CR Practitioner set it up so that a single button press would take John back to the homescreen, and John practised this. Then he worked with the therapist to write step-by-step instructions for making calls and practised the steps at gradually increasing intervals. He tried making calls to the therapist and to his wife, gradually gaining confidence to do this further away from home. After learning how to use the phone, John went on to apply the strategies in learning how to use the microwave and toaster. On completing the course of CR, John and his wife sent a letter to the CR practitioner saying: "Thank you for your patience; understanding, kindness and gentleness of delivery. You have helped us so much to learn how to 'help each other'"

GREAT Cognitive Rehabilitation:

Engaging in activities and personal projects



GOAL: I will go for a walk each day that lasts at least 20 minutes

What are the possible motivations underlying this goal?

- Maintaining independence.
- Occupation and activity.
- Increasing physical fitness.

What difficulties might be interfering with being able to do this activity?

- Poor memory.
- Lack of motivation.
- Planning and sequencing issues.
- Physical limitations.
- Low mood.
- Safety – orientation and road sense.
- Bad weather.

Could this activity be simplified?

- Join an appropriate local walking group and/or involve a friend.
- Consider alternative approaches to physical exercise that could be attempted without going out, for example, using a treadmill, exercise bike or exercise DVD.

Which strategies would be helpful for addressing this goal?

- Enhanced learning techniques: Graded activity, effortful processing, fading prompts.
- Compensatory strategies: Using memory aids.
- Other CRelements: Working on mood and motivation, problem solving, use of routine, planning, orientation work.

How might the practitioner use these strategies?

With the person directly

- Identify the current frequency of going out for walks – keep an activity diary with a note of day, time, duration and destination of walks undertaken.
- Identify with the person where s/he would enjoy walking to within a 10-15 minute radius.
- Identify whether the walk can be linked to other activities, for example, walking to a shop for a newspaper, a community centre for a coffee morning.
- If physical limitations are an issue, begin with shorter walks outside.
- If orientation is an issue, walk the route and identify landmark features to assist with orientation, such as shops, and post boxes, and teach these through action-based learning and expanding rehearsal. (Continued overleaf)

How might the practitioner use these strategies? (Continued)

With the person directly

- Discuss when it is advisable not to go out for a walk, for example, severe weather conditions, ice, or snow.
- Identify with the person a preferred time to go out for a walk – consider whether the walk can be built readily into a daily routine.
- Encourage the person to write the planned walk onto the calendar each evening for the following day and to include a time. Support the person to read out loud what s/he has written each morning.

By involving the care partner

- Encourage the care partner to reinforce use of an activity chart, and praise the person when the goal has been achieved.
- Encourage the care partner to prompt the use of the calendar and to gradually fade out this prompt.
- Discuss whether the care partner is able to accompany the person on a daily walk, or whether it is preferable for this to be an independent activity.
- Identify an action plan for what to do in different scenarios, for example the person gets lost, doesn't return, meets a friend and gets chatting, to reassure both the person and the care partner.

What associated issues might you need to address to support achieving this goal?

- Addressing motivation and mood may involve setting the goal realistically to acknowledge a walk may not be possible every day. The goal may need to be revised so that it is attainable early in the process, for example a 10 minute walk twice a week, before increasing expectations.
- Consider ways of making the activity self-motivating and mood lifting rather than a chore, for example, walk to a café for cream cakes or walk to a community centre to meet friends.
- Communication with the care partner. The person could use a whiteboard or other means to ensure the care partner knows where s/he has gone, when s/he left and when s/he is expected to return.

Engaging support from the person's wider network

- Assist the person to identify friends who might support this goal by, for example, going for a walk together or meeting up when out.



Geoff, 67, had been advised by his GP to walk daily for 20 minutes following heart problems. He walked slowly with a stick, and tended to become breathless when walking distances up-hill. His wife, Tracey, although supportive, was busy and did not have time or patience to go out walking with him. If they needed to go somewhere it was easier to use the car. After the first week of recording his daily walks, he had been for one ten minute walk. He was angry with himself as he had always been a very fit man. It appeared to have been raining on some days or he had become engrossed in watching TV. He agreed with the CR practitioner to schedule his walk immediately after the lunch-time news on TV, and explored potential routes that were level and achievable for him in around 20 minutes. Geoff was encouraged by his wife to enter the time of his planned walk on the calendar each evening and to check it each morning. One route passed the local newsagents, and he went there at least once a week to buy chocolate for his grandchildren. Over successive weeks, the routine began to build up, but he seldom achieved a daily walk, and revised his goal to go out at least three times a week. At weekends, one of his grandchildren would walk with him to the local playground, where there was a bench he could rest on until returning home.

GREAT Cognitive Rehabilitation:

Engaging in activities and personal projects



GOAL: I will create a memory album containing photographs, letters and memorabilia

What are the possible motivations underlying this goal?

- Having a meaningful activity.
- Being organised.
- Developing a resource to support communication and contact with friends and family.
- Enabling personal and social reminiscence to enhance mood, well-being and sense of identity.

What difficulties might be interfering with being able to do this activity?

- Planning the task.
- Getting started.
- Feeling overwhelmed by the amount of potential material.
- Strong emotional reactions to some material uncovered.

Could this activity be simplified?

- Family members could create a 'This is Your Life' book for the person, using a scrap book, a commercially available template or a digital lifestory book.
- The person could create a 'Memory Box', which would require less selection and editing, by placing treasured photos etc. in a special box that could be dipped into whenever the person wished.

Which strategies would be helpful for addressing this goal?

- Enhanced learning techniques: Chunking, modelling, action learning.
- Compensatory strategies: Memory aids.
- Other CRelements: Managing mood.

How might the practitioner use these strategies?

With the person directly

- Break down the task into steps:
 - * Assist the person to devise a structure for the album, to enable materials to be organised and grouped. This could be chronological – 'Childhood'; 'Teenage years'; 'First job' etc. or thematic – 'Family'; 'Hobbies'; 'Holidays'; 'Grandchildren' etc.
 - * Assist the person to select a preferred format for the album: scrap book; commercial template; loose leaf folder; digital file on a tablet or personal computer.

(Continued overleaf)

How might the practitioner use these strategies? (Continued)

With the person directly

- * If a digital format is selected, then the person may need assistance in learning how to upload materials, using modelling, action learning and memory aids (e.g. a cue card with the sequence of instructions).
- * Encourage the person to sort materials into groups, according to the agreed structure.
- * Encourage the person to take one group at a time and select materials to be included, depending on space constraints in the album (if any) using three categories initially – ‘must be included – album incomplete without it’ / ‘adds little to the album’ / ‘may be included if there is space’.
- Managing emotional reactions – agree strategies, for example, plan to work on the album at times when support from a friend or relative may be available; have a separate box for highly charged items to review at a later time; have a time limit for each item.

By involving the care partner

- Encourage the care partner to assist in identifying current locations of potential materials and assembling these for the person to work on.
- Involve the care partner in supporting the person with any emotional impact of the material, if appropriate.
- Encourage the care partner to support reminiscence motivated by the album.

What associated issues might you need to address to support achieving this goal?

- This process may constitute a form of life review for the person, which is likely to prompt some negative memories as well as more positive ones. Depending on the relationship and shared history with the care partner, issues may be raised for him/her also. Encourage the person to decide what s/he wishes to include or share, to communicate the aspects of his/her life on which to focus.

Engaging support from the person's wider network

- Wider family and friends could encourage use of the album as it develops for sharing stories and memories with the person.



Mavis, aged 80, decided to make a memory album with her daughter Dilys. Mavis had recently moved to a smaller apartment and had several boxes of photo albums and other memorabilia, but wanted to organise them so she could show her grandchildren. She had been talking about this for months, but never got started as it all seemed too daunting. After discussing the steps needed with the CR practitioner, they began by purchasing a loose-leaf folder and decided to make a chronological album, broken down into six phases of Mavis's life, and spent one afternoon sorting the photographs and other memorabilia into six labelled small boxes. Mavis was keen to include certificates she was awarded as a teenager for dancing, as well as postcards from early holidays. Mavis and Dilys set aside regular times to work on the album one afternoon a week, so that the task did not become overwhelming, and they enjoyed the time together. Mavis became a little upset when looking at photographs of her first husband, who had died after just a few years of marriage, and put these to one side for a later decision as to if and how they should be included. Coming back to them, she decided to include these in the album as he was an important part of her life, before she met and married Dilys's father. Dilys found discussing parts of Mavis's life that they had never talked about before difficult at times, but as the album progressed and her children began to look at it with Mavis, she could see how important it was to her mother.

GREAT Cognitive Rehabilitation:

Engaging in activities and personal projects



GOAL: I will complete a 10 minute armchair workout every day

What are the possible motivations underlying this goal?

- Occupation and activity.
- Physical fitness, to avoid swollen ankles.
- Mental alertness.

What difficulties might be interfering with being able to do this activity?

- Poor memory.
- Lack of motivation.
- Poor coordination.
- Physical limitations.
- Pain.

Could this activity be simplified?

- The person could follow a video of the exercises rather than having to recall them.

Which strategies would be helpful for addressing this goal?

- Enhanced learning techniques: modelling, graded activity, action-based learning, chunking.
- Compensatory methods: simplifying the activity, memory aids, managing the environment.
- Other CRelements: take steps to enhance motivation; problem-solving.

How might the practitioner use these strategies?

With the person directly

- Check the person's physical ability to move, reach and stretch.
 - Check the person's seated stability and safety.
 - Decide on use of an exercise video or a piece of music to exercise to, dependent on cognitive functioning, physical abilities and motivation. The person might have a favourite rhythmical piece of music that would be motivating.
 - Pick a place for exercising – the person could consider using a particular chair and leave it set ready, with prompt cards for the exercises, a DVD and other equipment nearby as visual cues.
 - Set a time for exercising when the person's energy levels are at their highest, and set up an alarm to prompt the person to exercise at the agreed time.
- (Continued overleaf)

How might the practitioner use these strategies? (Continued)

With the person directly

- Decide whether any props or equipment would make exercise more enjoyable, dependent on the person and his or her history of exercise.
- If a routine is to be remembered, set up a simple chart with pictures of each exercise.
- If the person has become unused to exercise and is finding it difficult, then build up gradually using graded activities to reach the desired level.
- Help the person to learn by modelling one step at a time, linking on to the next step only once the previous one is well learned.
- Devise a way for the person to gain a sense of achievement, such as a chart which the person can tick once the exercise is done, or agree a reward system such as a cup of tea and biscuit on completion.

By involving the care partner

- Make sure the care partner is aware of the goal and the routine.
- Ask the care partner to prompt the person to react to the alarm if necessary, fading his or her prompts over time.
- Suggest the care partner reacts positively when the person does his or her exercises.
- Consider whether the care partner can exercise with the person.

What associated issues might you need to address to support achieving this goal?

- Consider whether the person is depressed and if so how this can be addressed.
- Consider whether the person is experiencing pain and if so how this can be addressed.
- Ensure that any exercises are not medically contraindicated by for example hip replacement, postural hypertension or arthritis.
- If the person has had a hip replacement, ensure he or she does not bend more than 90° at the hips.

Engaging support from the person's wider network

- Make sure all the relevant people, such as family members or support workers, know of the chosen strategies and can encourage the person to use them.
- Enrol family such as grandchildren to exercise with the person – maybe the person would enjoy doing action rhymes or Wii fit with grandchildren.



Kay has arthritis, cardiac problems and dementia. She had been told it would do her good to exercise but she can no longer get out and about. She was previously a marathon runner and feels armchair exercises are not worth doing. The CR practitioner helped Kay draw on her past experience to address her goal of doing armchair exercises, helping her see this as a training programme that could start small and build up to bigger things. She worked with Kay to agree a series of graded exercises and a routine to incorporate them into her everyday life. Kay placed a photo of herself completing a marathon by her exercise chair for inspiration, and the CR practitioner printed off the training schedule, with successive steps to work towards. Kay and the practitioner did each step together with rehearsal until it was learned. Kay practised between sessions and each week they added a new step to the sequence until Kay was able to do it on her own.

GREAT Cognitive Rehabilitation:

Engaging in activities and personal projects



GOAL: I will go to town on the bus once a week

What are the possible motivations underlying this goal?

- Independence.
- Socialising.
- Purposeful activity.

What difficulties might be interfering with being able to do this activity?

- Memory.
- Visuospatial difficulties.
- Expressive language problems.
- Attention/concentration difficulties.
- Anxiety.
- Knowledge, for example of the bus timetable or where to get off the bus.

Could this activity be simplified?

- Think about what the person wants to achieve.
- If going to town is the important thing, it may be better to focus on this first and then introduce the bus journey.
- If using the bus is the important thing, certain steps could be put in place in advance, such as having the bus times and numbers written down, and learning where the bus stops are, so that the focus is on the journey only.

Which strategies would be helpful for addressing this goal?

- Enhanced learning techniques: action-based learning; graded activity; method of loci or mnemonic; effortful processing.
- Compensatory methods: memory aids; assistive technology.
- Other CRelements: anxiety management.

How might the practitioner use these strategies?

With the person directly

Planning ahead:

- * Identify the bus route, number, timetable and location of the bus stop and write the information down for use on the outward and return journeys.
- * Put the date for the bus trip onto the calendar at the beginning of the week.
- * Decide on an interesting place to go to, or a person to meet, once the person arrives in town.
- * Put a cue card by the front door to remind the person to take his/her bus pass.
- * Consider using a mnemonic to remember key details, such as BMW as a reminder to take 'bus pass, mobile, wallet'

(Continued overleaf)

How might the practitioner use these strategies? (Continued)

With the person directly

The journey itself:

- * Use the method of loci or a mnemonic to learn key landmarks on the route to the bus-stop, and/or the bus route.
- * Employ expanding rehearsal to help the person learn the sequence of directions to the bus-stop or key timetable facts such as 'bus comes at 10 minutes past the hour'.
- * Take photos of the bus stop where the person needs to get off and use this to identify a landmark for him/her to look for as she/he approaches the stop.
- * Use applications such as google maps to can track the bus and its stops in real time or a bus company app for details of the timetable and bus stops.
- * Enter a speed dial code into the person's phone so she or he can contact a key person if feeling lost.
- * As a first step, go to the bus-stop and just watch the bus come and go.
- * Go with a friend who also uses a bus pass to watch how she or he uses it when getting on the bus.
- * Accompany the person, or suggest someone else accompanies him/her, on initial trips and then gradually withdraw this support overtime.
- * Start by walking to town or having a lift in, and then catching the bus home, before moving on to catching the bus each way.

By involving the care partner

- Remind the person to plan the weekly trip.
- Go into town together to begin with to build confidence, then gradually encourage the person to do more alone each time.
- Take photos of the bus stop in town and the key landmarks for the person to look for.
- Support the person with learning things like the timetable, route, and bus number.
- Make a contingency plan about what to do if the bus is late or does not turn up to reduce anxiety.

What associated issues might you need to address to support achieving this goal?

- Ability to wear appropriate clothes , for example, taking a coat for the journey.
- Any risk of falls due to poor balance or gait
- Ability to manage money.
- Safety aspect of letting someone else know where the person has gone.
- Apathy.

Engaging support from the person's wider network

- Make sure all the relevant people, such as other family members or support workers, know about the chosen strategies and can encourage the person to use them.
- Find out if there are friends who might be willing to join the person to go into town together.



Bruce had memory problems and visuospatial difficulties, and had given up his driving licence. He wanted to go into town on the bus with his wife. The CR practitioner worked with him to set up a whiteboard on which he could write the intended date and time of his trips into town. They used the method of loci as an effortful processing method to help him learn the route to the bus-stop. They also identified an activity group he could join. Bruce started attending the Alzheimer's Society 'Games for the Brain' group, run once a week in the city centre, and travelled there by bus.

GREAT Cognitive Rehabilitation: Engaging in activities and personal projects



GOAL: I will do the crossword in the newspaper 6 days a week

What are the possible motivations underlying this goal?

- Occupation and activity - maintaining activities, resuming previous activities or trying a new activity to increase the range of options available.
- Independence – being able to keep oneself occupied without relying on others.
- Enjoyment and pleasure – self-esteem and satisfaction at being able to complete a puzzle.

What difficulties might be interfering with being able to do this activity?

- Cognitive changes including difficulties with learning, recall, visuospatial abilities, word-finding and planning.
- Poor concentration and distractibility.
- Apathy and lack of motivation.
- Loss of confidence or frustration at change in abilities.
- Poor vision.

Could this activity be simplified?

- To make it easier to access crossword puzzles, the person could use a crossword book instead of the newspaper.
- The person or family could select simpler crosswords and/or large print versions; there are many crossword books available including some specifically designed for older people or people living with dementia.
- If crosswords become too difficult, it might be possible to move to a different type of word puzzle, such as word-searches, or more visual puzzles such as jigsaws. It could be worth considering introducing other puzzle options that the person might enjoy.

Which strategies would be helpful for addressing this goal?

- Enhanced learning techniques: graded activity; fading prompts.
- Compensatory methods: simplifying the activity; managing the environment.
- Other CRelements: increasing activity levels.

How might the practitioner use these strategies?

With the person directly

- Start by selecting a type of crossword puzzle that is achievable and gradually increase the level of challenge so that the person has something that is stimulating but not too hard. Some people might need to begin with an easier type of puzzle such as a word-search and build up to doing a crossword. There may be a need to adapt the crossword, for example by using large print.

(Continued overleaf)

How might the practitioner use these strategies? (Continued)

With the person directly

- Use prompts to remind the person to do a crossword. This could be the newspaper arriving, a prompt card placed near the person, or a diary or calendar entry.
- Identify a place or 'workstation' where the person will routinely do this activity, such as the dining room table or a coffee table. This is where the newspaper or a crossword book, with a pen or pencil, can be placed ready for the person to use.
- Identify a good time to do the crossword that can be part of the person's routine. This should be a time when the person is relatively alert and when things are quiet and there are no distractions. For example, the best time might be in the morning after breakfast.
- If concentration is difficult, have the person schedule breaks at suitable intervals.
- Having the person make a diary note when the crossword has been done could help to promote a sense of achievement and self-esteem.

By involving the care partner

- Have the care partner look for suitable types of puzzle.
- Have the care partner support prompting, use of a 'workstation', and scheduling as part of the person's routine.
- If the person can complete some, but not all aspects of the puzzle, the care partner could work together with the person; for example, if the person cannot see well, the care partner could read out the clues for the person to solve.

What associated issues might you need to address to support achieving this goal?

- Frustration. The person may become frustrated when unable to complete the crossword as readily as before. While this can partly be managed by selecting different types of puzzles (e.g. from a different newspaper or from a book rather than a newspaper), it may be important to talk about ways of dealing with difficult emotions and find some strategies that can help with this.
- Having reading glasses available.

Engaging support from the person's wider network

- Make sure all the relevant people, such as other family members or support workers, know about the person's interest in crosswords and other puzzles and how to support this interest, for example by choosing puzzles with an appropriate level of difficulty, or reading out the clues if the person cannot see them and writing down the answers.
- Family members and other supporters could do crosswords or other puzzles with the person, could provide the person with different puzzles to attempt, and could encourage the person to do a crossword or other puzzle at appropriate times.
- Family members and other supporters could provide some of the answers so the person can write them into the puzzle; however, they must be guided to not 'take over' but rather to encourage the person to find the answers.

Maureen's sight had deteriorated and she was registered blind, which made it hard for her to enjoy doing crosswords. Vera and the CR practitioner tried out different large print formats which allowed Maureen to solve some clues. When Vera's befriender visited, she would read out the clues for Maureen to solve and write them in the large-format grid so that Maureen could see.

GREAT Cognitive Rehabilitation: Caring for oneself



GOAL: I will select my own clothes each day, appropriate to the weather

What are the possible motivations underlying this goal?

- Independence.
- Maintaining identity.
- Safety, for example, being warm enough in cold weather.
- Comfort.

What difficulties might be interfering with being able to do this activity?

- Difficulty remembering to check the weather.
- Being unable to locate appropriate clothes.
- Unable to use judgement to pick the best clothes for the weather.
- Difficulty getting the clothes out and ready to put on.
- Difficulty concentrating.
- Perceptual problems leading to difficulty recognising particular clothes from different angles.

Could this activity be simplified?

- The person, with a family member, could take out-of-season clothes out of the bedroom.
- Drawers could be labelled with their contents using a word and picture.
- A see-through door could be used on a wardrobe or cupboard to allow sight of what is inside (or a door could be removed/sliding wardrobe door left open).
- A light could be fitted inside the wardrobe to support visual access.
- Organising the wardrobe by placing skirts and trousers, tops and shirts in specific clusters on the rail; these could be further identified with colour markers between categories on the rail.
- The person could always dress as if for a cool day first and then consider whether extra or fewer layers are needed.

Which strategies would be helpful for addressing this goal?

- Enhanced learning techniques: action-based learning, fading prompts, expanding rehearsal.
- Compensatory strategies: simplifying the activity; memory aids; managing the environment.
- Other Elements: problem-solving.

How might the practitioner use these strategies?

With the person directly

- Identify complete outfits and keep them together, each on a hanger with a photo of the outfit.
- Encourage the person to sort clothes into outfits and keep on the hangers.
- Identify layers for extra warmth and put them in a drawer of their own, labelling the drawer, with pictures of snowy or frosty weather and a jumper.
- Work out the steps involved in working out what to wear, finding the items and putting them on.
- Use action-based learning with prompts to rehearse the sequence without getting distracted.
- Place a cue card on the inside of the bedroom door prompting the person to check whether a warm layer is needed before going downstairs.
- Rehearse checking the weather by looking out of the window or use of a 'smart' solution, for example, an app or 'Alexa' style aid to give a prompt.
- Encourage the person to actively process checking the weather, saying out aloud, 'Frosty day, need my cardigan.'
- Place a cue card inside the front door, prompting the person to decide whether a coat or an umbrella is needed before going out.
- Keep the coat and umbrella in a visible place near the front door.
- Use modelling, active learning and expanding rehearsal to enable the person to develop the habit of checking.

By involving the care partner

- Ask the care partner to jointly sort out clothing and put either summer or winter clothes in another room.
- Ask the care partner to put clothes, appropriate to the season, onto a shelf or in a drawer of their own.
- Ask the care partner to prompt use of cue cards initially; for example, when in the bedroom, to prompt the person to check the weather and get a jumper or cardigan if needed.
- Give tactful feedback if the person is not wearing appropriate clothes and ask the partner to remind the person of the strategies to use.

What associated issues might you need to address to support achieving this goal?

- Does the person need new or different clothing?
- Investigate how heating is set and controlled, especially if living alone.
- Check whether the person goes out during the night due to disorientation and if so, address this issue.

Engaging support from the person's wider network

- Make sure all the relevant people, such as family members or support workers, know of the chosen strategies and can encourage the person to use them.
- Make sure neighbours know what to do if they see the person going out without appropriate clothes.

Vera lives alone in the village where she grew up. Neighbours have rung Sheila, her daughter, twice to say Vera has been out in cold, wet weather without a coat or umbrella, leaving Sheila worried about her mum's safety. Vera doesn't want Sheila to worry and wants to prove she can still manage. The CR practitioner and Vera sort out her accumulation of coats, putting most away upstairs, giving some to charity, and only leaving her current winter coat on the stand in the hall. They decide her umbrella will hang next to the coat rather than being put out of sight in the hall cupboard. The CR practitioner puts a vivid sign on the inside of the front door saying: 'Coat, Coins, Keys'. They use modelling, action-learning and expanding rehearsal to help her learn to follow a checking routine so she takes her coat, money and keys when going out.

GREAT Cognitive Rehabilitation:

Caring for oneself



GOAL: I will know when I last changed my clothes

What are the possible motivations underlying this goal?

- Independence.
- Managing everyday activities.
- Concern for the carepartner.
- Social inclusion.
- Physical well-being, for example, having clothes that are appropriate to the weather.

What difficulties might be interfering with being able to do this activity?

- Difficulties with remembering, planning and judgement.
- Difficulties with self-awareness.
- Sensory impairment, such as impaired sense of smell.
- Difficulty locating items.
- Difficulties with dressing, for example, difficulty doing up fastenings.
- Motivation.

Could this activity be simplified?

- If dressing is difficult, for example, doing up buttons and zips, the person and care partner could select clothing that is easy to put on and off such as velcro fastening.
- Develop a routine with all clothing to be changed every day, and used clothing placed directly in the laundry basket when undressing.
- Use labels – for example, socks for adults with the days of the week written on them.
- If the person has a favourite item such as a pair of trousers or shirt, consider buying multiples of the same item so they can be swapped easily.

Which strategies would be helpful for addressing this goal?

- Enhanced learning techniques: prompting; action-based learning; mnemonics.
- Compensatory methods: simplifying the activity; using memory aids.

How might the practitioner use these strategies?

With the person directly

- Introduce a checklist for the person to tick off the day/time after changing clothes.
- Have the person enter reminders in a diary or calendar to select new clothes on specific days of the week, and tick these off when done.
- Display cue cards in the bedroom and bathroom reminding the person to put dirty clothes in the laundry basket when going to bed or taking a shower, and select clean clothes.

(Continued overleaf)

How might the practitioner use these strategies? (Continued)

With the person directly

- Use prompts and action-based learning for person to put out clean clothes for the next day before going to bed.
- Link changing clothes to specific activities into a routine; for example, clothes might be changed after exercising.
- See whether the person can develop a mnemonic to serve as a reminder to change clothes at certain times.

By involving the care partner

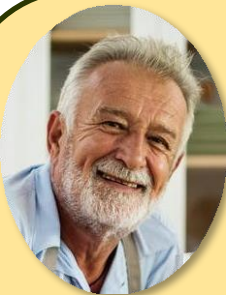
- The care partner could sensitively prompt the person to record that clothes have been changed, for example, ticking this off on a checklist or to select clean clothes at night, and then gradually fade out the prompts.
- Working together on the washing, drying and putting away process may help the person to know which clothes have been washed and which have not.

What associated issues might you need to address to support achieving this goal?

- Choosing suitable clothes for the climate, time of year, or planned activities – clothes unsuitable for the time of year could be stored separately; a calendar or whiteboard listing plans for the day could be used to prompt selection of suitable clothes.
- Finding desired items in wardrobe, cupboards or drawers – label drawers and doors, cluster items of similar types on the rail, for example, trousers together or assemble complete outfits together, for example, top, skirt and cardigan.
- Techniques for dressing and undressing – for example, sitting down to undress and stepping out of clothes.
- Pacing – the care partner could support the person to take as much time as is needed, rather than rushing; the person could be encouraged to take breaks if becoming frustrated or muddled.
- Applying the chosen strategies when away from home – planning ahead before trips away could enable the person and care partner to transfer strategies in a way that works for them.

Engaging support from the person's wider network

- Make sure all the relevant people, such as other family members or support workers, know about the chosen strategies and can encourage the person to use them.
- The care partner can help with organising clothes in the wardrobe or in drawers to make it easier for the person to find them.



Andrew tended to continue wearing the same clothes day after day, but realised his wife was unhappy about it. He opted to use a checklist where he could tick off the day and time when he selected clean clothes. Andrew liked to go out for cycle rides, and changed into his cycling kit, so this was a natural opportunity to select clean clothes. The CRpractitioner used cue cards to remind him about it, and his wife gently prompted him when he came back from cycling to select clean clothes and mark his checklist. After trying this for a while, Andrew and his wife got into a routine whereby he chose clean clothes on Monday, Wednesday and Friday mornings, and after cycle rides, and noted this on his checklist. Once Andrew was changing his clothes regularly, this reduced the tension between him and his wife.

For Andrew, the CRpractitioner supported him to take control of when to change his clothing in a way that motivated him by fitting with his routine and increasing his self-esteem. By establishing a routine for changing his clothes, Andrew embedded the actions into his procedural memory through a regular and structured approach. The improved relationship between him and his wife was also powerful reinforcers.

GREAT Cognitive Rehabilitation: Managing everyday tasks and situations



GOAL: I will take my tablets each morning and evening without supervision or reminders from others

What are the possible motivations underlying this goal?

- Independence.
- Health and safety.

What difficulties might be interfering with being able to do this activity?

- Memory problems, making it difficult both to remember to take the medication and to recall having taken it.
- Locating the tablets.
- Visual or visuospatial problems.
- Concentration and attention.
- Dexterity difficulties.

Could this activity be simplified?

- An appropriate dosette box with the right number of compartments can help to keep track.
- A medication review might lead to a simpler regime.
- For someone with difficulty swallowing, there may be oral preparations or patches that can be taken in place of tablets.

Which strategies would be helpful for addressing this goal?

- Enhanced learning techniques: action-based learning; fading prompts; graded activities; mnemonics; multi-modal elaboration.
- Compensatory methods: memory aids, such as auditory and/or visual cues or cue cards; managing the environment by setting up a workstation or ensuring tablets are visible.
- Other CRelements: enhancing attention and concentration.

How might the practitioner use these strategies?

With the person directly

- Use a timer/alarm click/phone alarm to signal when to take tablets. Link this to a prompt such as 'take tablets' on a whiteboard.
- Practise the response to the auditory cue (action-based learning), rehearsing where to go when the alarm rings.
- Use visual cue cards placed in a prominent place where they will be easily seen.
- Establish a workstation with the tablets and water in one place in sight, not buried under newspapers or hidden in a cupboard, for example near the TV remote controls or on the kitchen worktop. (Continued overleaf)

How might the practitioner use these strategies? (Continued)

With the person directly

- Ensure any dosette box has the best number of daily compartments for the regime.
- Consider a one-day only dosette box if 'over taking' is a potential issue.
- Link tablet-taking times with key daily events (e.g. opening curtains in morning with taking morning tablets; taking evening tablets when the news starts on TV).
- Use multi-modal elaboration to prompt, for example, link an image of the tablets and the action of swallowing them with water to the act of cleaning teeth in the morning.
- Take the tablets in the dosette box to the table at meal-times.
- Devise a mnemonic to remember to take tablets (e.g. BTT=biscuits, tea and tablets).
- Use graded activity by addressing tablet-taking at home first, then address managing medications when out.
- Use a specific place to keep tablets if needing to take them out.
- Have a laminated tablet chart and marker pen for the person to tick once tablets have been taken. This could be placed next to the dosettebox.
- Encourage the person to focus on taking the tablets until the chart is ticked – take the morning dose before doing anything else or do not answer phone or doorbell while taking evening dose.

By involving the care partner

- The care partner could prompt a response to cue cards or an auditory cue, and fade this out over time.
- The care partner could tick the medication chart once tablets have been taken to enable the person to keep track and to record achievement.
- The partner could fill the dosette box with the person initially, then observe the person filling it correctly, and then hand over the task.

What associated issues might you need to address to support achieving this goal?

- The need for a medication review to see if all the tablets are still indicated.
- The need for a medication regime review; for example, if the tablets could be taken all at the same time once a day it would simplify the regime.
- Relationship strain.

Engaging support from the person's wider network

- Make sure all the relevant people, such as family members or support workers, know of the chosen strategies and can encourage the person to use them.
- Other family members who call in during the day could be encouraged to review whether tablets have been taken and prompt if not.



Bill was occasionally remembering to take his tablets without help, but one of his daughters would ring every day to check that he had done it. He was already using a blister pack. He said it was especially hard to remember to do it when he had been out for the day and returned home late, especially in summer. The CR practitioner identified a specific place - a table in his living room, visible from his favourite chair - to keep all his tablets and inhalers. He added a bottle of water to this, to prevent distraction from the task if he left the room to get a drink. He used an alarm clock as a reminder, set for 7.30 for both morning and evening doses. For days out, his mobile phone had an alarm set for 7.30pm, and he had a small medicine box to take that evening's tablets out with him. Bill commented that 'Those clocks have been a godsend'. Using these strategies he was able to take his medication correctly 99% of the time, and his daughters felt less need to remind him.

GREAT Cognitive Rehabilitation:

Managing everyday tasks and situations



GOAL: I will feel confident leaving the house knowing I have locked up properly

What are the possible motivations underlying this goal?

- Independence.
- To be safe.
- To be able to go out and be active and occupied.
- To have social contact.
- To reduce anxiety and improve well-being.

What difficulties might be interfering with being able to do this activity?

- Memory difficulties.
- Not being able to locate items such as keys.
- Visuomotor problems making it hard to turn the key in the lock.
- Physical problems.

Could this activity be simplified?

- The nature of the lock could be reviewed so that it is easy to insert and turn the key.

Which strategies would be helpful for addressing this goal?

- Enhanced learning techniques: action-based learning; expanding rehearsal; fading prompts.
- Compensatory methods: memory aids; assistive technology; managing the environment.
- Other Elements: anxiety management.

How might the practitioner use these strategies?

With the person directly

- Agree a visible place to keep the keys.
- Add a tactile object, something meaningful to the person, to the key ring to support visibility and sensory awareness.
- Ensure the hallway is well lit and reduce visual clutter around where the keys are kept.
- Place a photograph of the keys next to the front door and on the front gate as a prompt.
- Use a mnemonic to help remember, or a song cue ('I've got the key to the door').
- Have an alarm that gives an auditory signal or verbal prompt when the door is opened, to remind the person to lock up. Allow the alarm to continue to bleep until the person has locked the door, and switch off afterwards.
- Practise approaching the front door, picking up the keys, going out and locking up, with expanding rehearsal and fading prompts.

(Continued overleaf)

How might the practitioner use these strategies? (Continued)

With the person directly

- Saying the action as it is completed ('I am locking the front door') to aid recall of the activity through multimodal encoding. This could also be paired with expanding rehearsal by repeating the phrase at key points on the walk from the house, for example when turning away from door, reaching the garden gate, or arriving at the corner of the road.

By involving the care partner

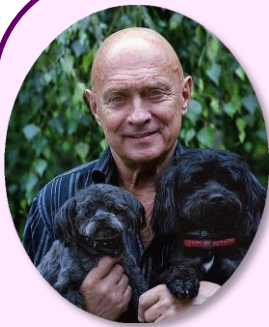
- The partner can prompt the person to use the cues, fading out help over time.
- If the person lives alone, the care partner could prompt by phone or text before routine outings.

What associated issues might you need to address to support achieving this goal?

- Ensuring the person does not lose the keys when out.
- Anxiety when out, about whether the door is locked or not.

Engaging support from the person's wider network

- In a busy household or where there are several visitors, ensure all are aware of the strategies and encourage the person to employ them.



Ray was an active man who went out every day but his family were concerned that he often left his front door unlocked. Their reaction was to shout at him and this made him feel small. The CR Practitioner identified that Ray usually kept his keys in his jacket pocket and so did not worry he would go out without them – but this meant he was not prompted to use them as he left the house. They decided he would work on a new habit of placing them in a prominent position on a hook by the front door when he came in. Ray chose a miniature soft football to add to his key ring and placed a matching one on the hook. This helped to remind him to hang his key up when he came in. On leaving, he would see a large cue card reminding him to take his keys off the hook and lock up. He practised this using expanding rehearsal until he could remember the sequence in the presence of the CR practitioner, saying out loud to himself that he was locking the door as he did it. However, he sometimes put on his jacket and went without his keys. His grand-daughter made another cue card showing a drawing of a key which she stuck inside his front gate, prompting him to go back for the keys if he forgot them.

GREAT Cognitive Rehabilitation:

Managing everyday tasks and situations



GOAL: I will tell my wife where I'm going whenever I leave the house

What are the possible motivations underlying this goal?

- Safety.
- Independence.
- Concern for care partner.

What difficulties might be interfering with being able to do this activity?

- Difficulties with memory and planning.
- Poor communication.
- Motivation.

Could this activity be simplified?

- Assistive technology could be used, with the person's consent, to notify the care partner or caregiver when the person approaches exits.

Which strategies would be helpful for addressing this goal?

- Enhanced learning: action-based learning; expanding rehearsal.
- Compensatory methods: memory aids; managing the environment.

How might the practitioner use these strategies?

With the person directly

- The practitioner could place cue cards by the door, or develop a saying that is associated with the action of opening the door, as a reminder to the person to let his wife know he is going out. The practitioner could introduce this and have the person practise it. Expanding rehearsal could be used to learn the routine of telling his wife before going out.
- The practitioner and the person could develop a daily planning sheet on which he could write down a plan for the day's activities; this would include prompts to tell his wife.

By involving the care partner

- The practitioner and care partner could develop a way for the care partner to sensitively prompt the person to remember to say he is going out.
- The practitioner could involve the care partner in working on the daily planning sheet.

What associated issues might you need to address to support achieving this goal?

- Planning – it may be useful for the person and care partner to jointly discuss and plan the day's activities in the morning, so that they each know what the other will be doing. Using compensatory methods such as a white board, diary or calendar could be helpful.
- Safety – if there are concerns about the person's safety when going out alone, it may help to agree with the person that the outings will be with the care partner initially, but that the person would be responsible for decision making and for control of the outing. When going out alone, it would be helpful to carry a mobile phone so that her/his care partner could contact him/her. S/he would need to learn to receive calls on the phone, and to remember to take the phone with her/him. If this is not possible, carrying some kind of ID giving her/his address and phone number, and explaining that s/he has dementia, would be advisable. S/he would need to learn to carry this information, or perhaps it could be worn, such as a bracelet or pendant, or a laminated card could be kept in the wallet or purse. If the person has a dog, the information could be included on the dog tag.

Engaging support from the person's wider network

- Make sure all the relevant people, such as other family members or support workers, know about the daily planning and cueing strategies and can encourage the person to use them.



Simon often went outdoors for a walk round the garden without telling his wife Eileen. Sometimes he forgot his original intention and then continued on his walk out of the garden and on to the local shops. Eileen was worried about his safety. The CR practitioner recognised Simon's need for autonomy as well as the safety risks and the strain on the couples' relationship. The practitioner discussed Eileen's fear with Simon and he agreed that he did not want her to be upset. Together they came up with a saying: "at the gate, before I go, remember to let Eileen know". They practised this using expanding rehearsal until both felt confident that John would not leave the garden without first telling his wife



Michael was often in the house alone, and would go out for a walk if he was bored. His wife Jenny often returned to find him absent, and not knowing when he had gone out or where he had gone was anxiety provoking. Initially the CR practitioner facilitated a conversation between Michael and Jenny during which where Jenny explained her anxiety in a calm way. Michael and Jenny then compiled a list of Michael's favourite walks, so she had some idea of where he could be.

Michael had already started to use a white board in the kitchen for weekly planning. The CR practitioner placed a large cue card with a stop sign on the front and back doors, with an instruction to write the destination and the time of setting off on the white board.

GREAT Cognitive Rehabilitation: Managing shopping



GOAL: I will know what I need when I go shopping and buy the right items

What are the possible motivations underlying this goal?

- Independence.
- Reduce frustration of forgetting.
- Reduce stockpiling in cupboards.
- Reduce need for return trips to the shops.

What difficulties might be interfering with being able to do this activity?

- Difficulties in planning.
- Memory problems.
- Difficulty following all steps in a task.
- Visual problems, for example making it hard to recognise items on shelves.
- Frustration and/or anxiety.

Could this activity be simplified?

- Use lists rather than memorising.
- Link to procedural memory. There will certainly be repetition of items that are always needed such as bread, milk, or breakfast cereal. The activity can be simplified to focus on those items not routinely bought.
- Some local supermarkets offer help with shopping for people with special needs.

Which strategies would be helpful for addressing this goal?

- Enhanced learning techniques: expanding rehearsal, graded activity, errorless learning, effortful learning, fading prompts, action-based learning, chunking.
- Compensatory methods: memory aids, such as lists and cue cards.
- Other CRelements: dealing with frustration, managing anxiety.

How might the practitioner use these strategies?

With the person directly

- Suggest the person spends time planning before going shopping, to identify what is needed.
- Check cupboards to see what is needed.
- Work out a menu of meals and collate a list of ingredients that need to be purchased to prepare them.
- Use a white board placed in the kitchen to note down items that need replacing.
- Convert items from the whiteboard into a list, grouped by their position in the shop(s). (Continued overleaf)

How might the practitioner use these strategies? (Continued)

With the person directly

- Write a list, even if only for two items; this provides for effortful learning as well as relieving the load on memory.
- Place a magnetic shopping list on the fridge.
- Use a dedicated notebook with tear-off pages.
- Keep a list or notebook in a set place in kitchen, take it to the shops, and make sure to check it before leaving shop.
- Group the listed items into sets then use expanding rehearsal to recall them, for example, milk and yoghurt (dairy); bananas and apples (fruit); matches (odds and ends).
- Place a cue card on the front door as a reminder to take list; remove it once the person is consistently remembering.
- Write a reminder on the whiteboard to use expanding rehearsal before going shopping.
- Repeat the list out loud to self and care partner before setting off.
- Make a rhyme of the items needed or sing them to a tune.
- Keep the list in the same pocket each time to help with finding it in the shop.
- Take a pencil and when in the shop cross off the items once in the basket or trolley.
- Manage frustration by allowing time for remembering, rather than giving up.
- When in the shop, visualise the pantry/fridge to help remember what is needed.
- Learn to remember what is on the list without looking, and then check before paying.
- Put the shopping list in the purse or wallet so the person sees it when paying.

By involving the care partner

- Encourage the person to use the whiteboard in the kitchen to note items needed.
- Prompt the person to write a shopping list from the items on the whiteboard.
- Help the person think about what else needs to be put on the list.
- Shop with the person initially to encourage him or her to use the strategies agreed.

What associated issues might you need to address to support achieving this goal?

- Use steady breathing in the shop if starting to get anxious about recalling the items to buy.

Engaging support from the person's wider network

- Make sure all the relevant people, such as family members or support workers, know of the chosen strategies and can encourage the person to use them and not take over the task.



Sarah lived alone, and wanted to be more efficient with shopping. She occasionally made a shopping list, but sometimes lost it, and she was not always aware that things were running out. The CR practitioner worked with Sarah to help her achieve this goal. Sarah learned to keep a list in the kitchen, adding items that were running out, and then take it with her and consult it when in the shop. For items that she bought only occasionally, she additionally used expanding rehearsal to remember them. After working on this with the CR practitioner, Sarah was using the shopping list regularly and managing her shopping effectively.

GREAT Cognitive Rehabilitation:

Cooking and baking



GOAL: I will be able to make a cup of tea

What are the possible motivations underlying this goal?

- Independence.
- To feel useful and show care for care partner.
- To maintain health through fluid intake.

What difficulties might be interfering with being able to do this activity?

- Problems locating items.
- Planning and sequencing – not knowing the steps involved or getting these in a muddle.
- Memory.
- Poor concentration and distractibility.
- Physical limitations – for example difficulty lifting the kettle.
- Low levels of motivation.

Could this activity be simplified?

- Use a 'kettle tipper'.
- Make tea in mugs rather than in the pot.
- A 'teas made' could be purchased.
- Use a sugar bowl and milk jug on a tray when serving so there is no need to recall individual preferences.

Which strategies would be helpful for addressing this goal?

- Enhanced learning techniques: effortful processing; expanding rehearsal; action-based learning; forward or backward chaining; fading prompts.
- Compensatory methods: managing the environment; memory aids.
- Other Elements: problem-solving.

How might the practitioner use these strategies?

With the person directly

- Label kitchen cupboards, with words and/or pictures, to show where relevant items are. Such labels could be removed as the person (re-)learns where things are, or could be retained.
- Create a 'work station'; for example place all materials needed on a tea tray on the kitchen worktop, including a mug tree.

(Continued overleaf)

How might the practitioner use these strategies? (Continued)

With the person directly

- De-clutter the work top to remove distractions.
- Decide on set times for making tea, and use a timer to give an alarm or an auditory cue, saying 'time for tea'.
- Use the timer to alert the person to go to the whiteboard to check what she or he needs to do next.
- Support the person to write out the steps involved, allowing effortful processing.
- Write out or draw the set of steps to use, and fix a laminated sheet to the wall by the kettle.
- Use expanding rehearsal and action-based effortful learning to rehearse response to the timer and/or steps to make the tea.
- Practise putting the steps into practice – teach and practise one at a time, adding the next when one has been learnt, using forward or backward chaining. Either begin at the start (e.g. filling the kettle) and work forwards, or begin at the end (e.g. pouring the tea) and add steps backwards. Working backwards can allow a greater feeling of satisfaction.
- Switch off the radio or TV to improve concentration on the task.
- Have a checklist on the whiteboard where the person can tick off the task, to promote a sense of achievement.

By involving the care partner

- The care partner could prompt a response to cue cards or an auditory cue, and fade this out over time.
- Assist with setting out the tea tray each evening, ready for the person to use in the morning.
- Ask the care partner to prompt the person to respond to the timer.
- Use fading prompts, starting by explicitly explaining that the alarm means time to go and make the tea, through to a reminder to react to the alarm, and finally no prompting.
- Ask the care partner not to distract the person once s/he is in the kitchen.
- Ask the care partner to support the person if using forward or backward chaining.
- Ask the care partner to appreciate the outcome of being brought a cup of tea.

What associated issues might you need to address to support achieving this goal?

- Physical limitations.
- Safety concerns with boiling water.
- How to transfer tea to table or neighbouring room.

Engaging support from the person's wider network

- Ensure all the relevant people, such as family members or support workers, know of the goal, including the meaning of the alert alarm and the other strategies and can encourage the person to use them.



Asghar feels he is no use and his wife is worn out with helping him. He wishes he could make a cup of tea for them both. The CR Practitioner negotiates for them to have a tea tray in the kitchen with all the things for tea-making laid out where they can be seen. Their grandson sets up a repeat alarm on Asghar's phone to say 'Time to make tea' at 11am every day, and if he does not respond his wife prompts him to go and make the tea. He follows steps outlined on a sheet in the kitchen (fill – boil – put tea-bags in mugs – pour etc.) and also uses expanding rehearsal to memorise these. His wife is delighted whenever he manages the task.

GREAT Cognitive Rehabilitation:

Cooking and baking



GOAL: I will prepare, cook and serve a meal for my family twice a week

What are the possible motivations underlying this goal?

- Maintaining independence.
- Engaging in meaningful activity.
- Contributing to and participating in family life.

What difficulties might be interfering with being able to do this activity?

- Difficulties with planning, timing and sequencing, visual recognition and judgement.
- Lack of knowledge of what to do.
- Inability to find implements or ingredients in the kitchen.
- Anxiety or loss of confidence.
- Motivation.

Could this activity be simplified?

- The person could prepare simpler meals, or recipes could be simplified.
- The person could use simpler methods, for example, heating ready meals in the microwave.
- Ingredients could be labelled clearly and containers arranged to face the person.
- Preparing the meal could be broken down into different steps or tasks and the person could carry out some of these independently but have help with the rest; for example, the person might prepare the vegetables.

Which strategies would be helpful for addressing this goal?

- Enhanced learning techniques: graded activity; action-based learning; modelling; fading prompts; expanding rehearsal; effortful processing.
- Compensatory methods: managing the environment; using memory aids; simplifying the activity.
- Other CRelements: problem-solving; increasing activity levels.

How might the practitioner use these strategies?

With the person directly

- The practitioner might try cooking with the person to model particular methods and strategies.
- Prompts may be needed to get the person started.
- Try to incorporate cooking into the person's routine, for example by linking cooking to specific days to aid memory, selecting less busy days when there is more time for the activity. (Continued overleaf)

How might the practitioner use these strategies? (Continued)

With the person directly

- The person could write down the steps needed to complete the meal and the timings of these steps, and cross off the steps as they are completed. This could be done using a whiteboard or meal planning sheet.
- The recipe could be rewritten using simple short steps, perhaps with pictures to illustrate the steps.
- A timer could be set to remind the person to move to the next step at the right time.
- Colour-coded stickers could be used to indicate particular functions on the cooker, such as the grill or oven, and then faded out gradually.
- Expanding rehearsal could be used to learn what functions the controls cover.
- The person could be encouraged to focus on one thing at a time, by getting out all the equipment and ingredients before starting, and then leaving any clearing up until afterwards.

By involving the care partner

- The care partner might need to plan the meal preparation by writing down the steps involved and the timings, and might need to set the timer.
- It might be helpful for the person and care partner to work together on preparing the meal, and divide the necessary tasks between them.

What associated issues might you need to address to support achieving this goal?

- Safety – it would be important to check that the person is able to use the cooker safely and turn it off after use. Prompts might be needed to ensure the cooker is turned off.
- Distraction – preparing a meal can be a complex task requiring good concentration, so reducing distraction is important. For example, it might be helpful while cooking to turn off the radio or television.
- Shopping – the person might need to get to the shop and buy the ingredients for the meal. This could include being able to find the way to the shop and using a shopping list to make sure all the necessary items are purchased.

Engaging support from the person's wider network

- Make sure all the relevant people, such as other family members or support workers, know about the chosen strategies and can encourage the person to use them, rather than telling the person what to do, or taking over the task.



Eric was finding it difficult to use the cooker. He got muddled about when to use the oven and when to use the grill, and to select the right controls. He would try to touch the grill or inside of the oven with his hand to see which was turned on. For safety reasons the CR practitioner immediately introduced colour-coded stickers to help him identify the controls, and then used expanding rehearsal to teach him which was which.

GREAT Cognitive Rehabilitation: Wayfinding



GOAL: I will be able to find my own way to the local shop

What are the possible motivations underlying this goal?

- Independence.
- Managing everyday activities.

What difficulties might be interfering with being able to do this activity?

- Difficulty with spatial perception.
- Difficulty with planning and sequencing.
- Anxiety or lack of confidence.

Could this activity be simplified?

- Possibly the destination could be changed to one that is easier to find or nearer to home.

Which strategies would be helpful for addressing this goal?

- Enhanced learning techniques: modelling; action-based learning; graded activity; mnemonics; effortful processing; expanding rehearsal.
- Compensatory methods: using memory aids; using assistive technology.
- Other CR elements: problem-solving; increasing activity levels; anxiety management.

How might the practitioner use these strategies?

With the person directly

- The CR practitioner could help the person develop a map showing the route or a list of directions. This could include photographs or other visual reminders, and details of landmarks to look out for.
- The route information could be used to plan the journey in advance.
- The route information could be taken and used on the journey. The CR practitioner could model this and use action-based learning.
- The journey could be divided into stages, with the person learning the first or last stage and then adding a new stage once the previous stage is mastered.
- Alternatively some people may like to learn to use the map function on a smartphone. In this case the CR practitioner would divide this task into steps and have the person learn one step at a time, using action-based learning and expanding rehearsal.

(Continued overleaf)

How might the practitioner use these strategies? (Continued)

By involving the care partner

- The care partner could assist with developing the map and support the person in planning the route.
- The care partner could accompany the person but let the person lead in deciding the route, and only step in if necessary, to support learning.

What associated issues might you need to address to support achieving this goal?

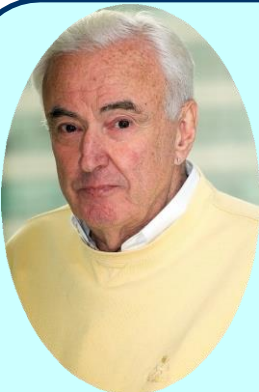
- Memory - remembering to take the map and/or mobile phone when going out. This could be addressed with prompts, mnemonics, and a memory aid such as a cue card by the front door.
- Anxiety – strategies for managing anxiety, such as breathing exercises, could be put in place in case the person becomes anxious when out and about.
- Safety – ensure the carer knows when the person is going out. Establish how long the carer should wait before getting in contact. Discuss a safety plan and what the person will do if lost or unsure where to go.

Engaging support from the person's wider network

- Make sure all the relevant people, such as other family members or support workers, know about the chosen strategies and can encourage the person to use them, rather than taking over.



Joan wanted to regain confidence to go out alone to get her shopping. She feared getting lost and not being able to find her way home. Her granddaughter was able to help her draw up a map showing the route and the important landmarks to look out for. Joan went out accompanied by her granddaughter, who took her most of the way and then asked her to find the shop. Joan learned this first step quickly. The next time, she managed more of the route herself, using the map, and eventually she learned to navigate the whole route so that her granddaughter did not need to give any help. Joan then started to find the way by herself, using the map. She gradually became more confident, and after a few weeks she found she no longer needed the map. However, she kept the map in her handbag in case she needed it.



Steve wanted to be able to catch a bus into town to visit the library and return to his residential care home. His difficulties included not remembering the number of the bus, finding the bus stop or knowing the walking routes. The care worker supported him in way-finding by pointing out and reinforcing landmarks such as a post box, pub, and traffic lights, and encouraged him to say them out loud to embed learning. He developed his own way of remembering the number of the bus by applying his well-rehearsed memory for his room number (1) to the bus number (23) – with 1-2-3 as his mnemonic.

GREAT Cognitive Rehabilitation:

Enhancing social interaction



GOAL: I will be able to contribute to conversations with friends or family members

What are the possible motivations underlying this goal?

- Social participation and inclusion.
- Maintaining self-esteem.

What difficulties might be interfering with being able to do this activity?

- Difficulty finding specific words.
- Difficulty recalling events or information.
- Fear of repeating oneself.
- Anxiety in social situations.
- Reactions of other people who may feel unsure how best to communicate or become frustrated by repetition.
- Following a conversation – especially with multiple partners.

Could this activity be simplified?

- The person could try talking with individuals or smaller groups, having shorter periods of conversation, or build conversation round engagement in a practical activity and/or stick to familiar topics.

Which strategies would be helpful for addressing this goal?

- Enhanced learning techniques: expanding rehearsal; semantic or multimodal elaboration; graded activity.
- Compensatory methods: Using memory aids; managing the environment, link to activity.
- Other Elements: problem-solving; anxiety management.

How might the practitioner use these strategies?

With the person directly

- Finding the right word – practise finding words likely to come up in conversation, e.g. picture cards with words written on the back and practising with expanding rehearsal, or generating words categories and gradually increase target number; semantic or multimodal elaboration may aid retention. Use card games e.g. 'pairs' or Snap to practise using the right words. Explore ways around the difficulty in conversation e.g. giving descriptions when words cannot be retrieved.
- For choosing conversation topics – i.e. planning ahead. The person could list topics or conversation points, or a set of cards with topics on. The person could make a list of questions to ask, to stimulate conversation. The person could write events and activities in a diary to select conversation topics or the person could practise reading short newspaper articles and using the PQRS (preview, question, read, state, test) strategy to pick out and recall the key points, which could then be used in conversation.
- Getting heard – non-verbal cues, for example, shifting a chair, or 'I want to speak' cards, signal that one wants to speak.

(Continued overleaf)

How might the practitioner use these strategies? (Continued)

With the person directly

- In a group of people – i.e. positioning. Sitting at the end of a row can be easier than the middle, as only one conversation needs attention. Plan to move around the room and talk to different people each for a short time. Emphasise it is alright to choose when to join in and when to listen.
- Fear of repeating oneself – this can be addressed by prefacing statements, for example, 'If I've said this before, please stop me' or 'I'm sorry if I've told you this before'.
- Regaining the thread of a conversation – can be addressed by asking 'What were we talking about just now?'
- Forgetting someone's name – person use techniques that do not rely on using the name of the conversation partner, or ask questions to give clues as to the identity.
- Dealing with anxiety – anxiety management techniques, for example, breathing exercises, having specific role, such as handing out drinks or take breaks, saying, for example, 'I'm just going to check...'
- Managing the environment – a small group could break away to another room to manage noise levels.

By involving the care partner

- Enabling the person to be heard – the care partner could help ensure the person has an opportunity to speak.
- The person and partner could agree a non-verbal signal that the person would use to ask the partner to help.
- Cues – the care partner could provide cues to conversation topics and relevant information.
- Sensitively supplying information – where the person is having difficulty remembering a name or important item of information, or picking up the thread, the partner could find a way to work this into the conversation.
- When observing that the person has disengaged from the conversation, the care partner could use supportive strategies to help the person re-engage; for example 'Susan was just talking about, what do you think?'
- The partner could manage others' expectations by informing them how to enable optimal communication.

What associated issues might you need to address to support achieving this goal?

- Difficulty remembering names – enhanced learning techniques could be used to enable the person to learn and recall the names of key people whose faces are familiar.
- Difficulty participating in conversation in formal situations, for example, meetings – person could plan ahead and list of what needs to be said; the meeting chair or organiser could be informed in advance of what the person wants to contribute, and a written report/statement provided.

Engaging support from the person's wider network

- Make sure all the relevant people, such as other family members, know about the chosen strategies.
- Explain to family members and friends how best to communicate, for example, speak slowly.
- Make sure others know not to take over the person's role or task in a social situation.

Edith had difficulty remembering her sons' and grandsons' names. The CR practitioner supported her to make a 'family tree' showing recent photographs and names of each person. To help Edith concentrate on and remember the names, the PQRS approach was used and Edith was encouraged to:

Preview – look at the family tree and scan the names associated with the photos.
Question – what she had read: whose son is Jack? Who is Adam's Mum?
Read – the answers to the questions by carefully looking for them on the family tree.
Summarise – what she had read in her own words: "So, Joan is Adam's Mum and David's son is Jack".
Test – her knowledge by covering the names on the family tree and naming the people in the photos and their relationships to each other. This was repeated at expanding time intervals.

