



## COGNITIVE REHABILITATION IN 6 QUESTIONS

Cognitive rehabilitation is a therapy aiming to reduce the impact of cognitive impairments on daily life. This therapy uses concrete and practical aids and learning techniques to help the person to live better in everyday life, to facilitate new learning and to promote well-being.

1

### For whom and why?

**Cognitive rehabilitation is aimed** at people with early-stage dementia where memory problems are predominant (Alzheimer's disease and vascular dementia). Cognitive rehabilitation is indicated to manage memory and planning impairments that affect daily life (forgetting appointments, difficulties in organising an activity, etc.).

Cognitive rehabilitation is also indicated to help with psychological difficulties: anxiety or lack of self-confidence.

3

### What are the benefits?

**Cognitive rehabilitation reduces the impact of cognitive impairment on daily life.** It also helps the person to better carry out the tasks and activities of daily life, being more independent at home.

2

### How is the intervention conducted?

**A cognitive rehabilitation programme is provided individually,** responds to specific needs and is adapted to the difficulties and preserved capacities of the person. A programme lasts between 4 and 12 weeks with 1 or 2 sessions per week lasting between 40 minutes and 1 hour. The professional will suggest and set up learning aids and techniques with the person to avoid, for example, forgetting an appointment, finding objects or organising his/her day and/or his/her moves.

Aids can be practical tips such as putting an object always in the same place or post-its, a diary, reminders on the phone, etc.

It is useful and recommended to involve a family caregiver or a relative during the sessions to help the person apply the aids and advice and to encourage the transfer of learning into everyday life.

The programme can be adjusted if difficulties arise and continued if new needs are expressed.



## 4

### How does it work?

**The intervention can be divided into 4 stages:**

- Discussing how the person lives on a daily basis, the difficulties they face and the areas they wish to improve.
- Deciding specific objectives for where the person would wish to see an improvement.
- Planning how to bypass the difficulties in remembering or in concentrating on tasks.  
The professional supports the person as they use practical strategies to achieve the person's therapy objectives.  
The professional will make the most of what the person is still able to do and what support and resources are available to achieve the set objectives.
- The plan is amended, if needed, to make it work better for each person.



## 5

### When is it contraindicated?

**Cognitive rehabilitation**

is most effective when it is possible to build on remaining capabilities to support independence. As such it is less suitable in more severe stages of dementia. Cognitive rehabilitation is less suitable for people with dementia who find it difficult to talk about their difficulties or are not fully aware of the impact that dementia has on their life.

**In all cases, it is necessary to discuss it beforehand with professionals.**

## 6

### Who can provide cognitive rehabilitation?

**Cognitive rehabilitation is provided** by care staff trained in its principles and techniques. It is most often provided by psychologists, neuropsychologists, speech therapists, occupational therapists or nurses who have knowledge of the specific needs for people with dementia.



**Do not forget your glasses and/or hearing aids if you need them.**



**Your participation in the sessions is free. You will always be asked if you wish to participate.**

This sheet is adapted from a chapter in the guide *Psychosocial interventions and dementia: understanding, knowing, implementing* which presents 10 psychosocial interventions.

