

Special Issue on Neuropsychology, from the Founding Conference of the Hellenic Neuropsychological Society, 9-10 April, 2016, Athens, Greece.

Guest Editors: Mary H. Kosmidis, Athanasia Liozidou, Lambros Messinis, Alexandra Thanellou, Ioannis Zalonis

## Lecture

# Rehabilitation of cognitive deficits: implementation of personalized and group interventions in persons with acquired brain injury

Aikaterini Giazkoulidou<sup>1</sup> Nantia Malliou<sup>1,2</sup>

<sup>1</sup>1st Psychiatry Department, Aristotle University of Thessaloniki, <sup>2</sup>Section on Special Education, Metropolitan College of Thessaloniki

## Abstract

Cognitive rehabilitation aims at achieving changes that will improve patients' everyday functioning and health-related outcomes, such as social participation and the sense of wellbeing. Cognitive rehabilitation begins after the acute phase of the acquired brain injury, of either traumatic or vascular etiology. Patients are primarily referred to the Neuropsychology Outpatient Service of the 1st Psychiatric Clinic at "Papageorgiou" General Hospital by their physicians and then on to the Cognitive Rehabilitation Outpatient Service. The initial request may often come from the patients' families worrying about the outcome or petitioning for disability benefit and/or insurance compensation after an accident. The goals for the cognitive rehabilitation program are set according to both patients' and their families' requests. Furthermore, they are based on the outcome of extensive neuropsychological assessment to identify patients' strengths and weaknesses. Our framework is the theoretical background of the comprehensive-holistic neuropsychological rehabilitation model. Individually, we work on (a) underlying cognitive functions-like different types of attention, (b) external aids-mainly for memory problems, and (c) metacognitive techniques (feedback, self-regulation, strategy use)-mainly to address deficits in executive functions. We also work in an experiential activities group (sharing our stories group). The group aims at (a) practicing and improving patients' everyday interactions with their environment, b) learning and using alternative communication styles or strategies to facilitate their socialization and social interactions, (c) improving self-awareness regarding their weaknesses, and (d) training in understanding and interpreting both their feelings and other people's feelings.