Preface

It has been over a decade since the publication of our last textbook on cognitive rehabilitation, *Optimizing Cognitive Rehabilitation* (Sohlberg & Turkstra, 2011). There has been so much progress and evolution in the field since then, and what started out as a revision has ended up as a new volume. In particular, this text reflects the changing contexts of cognitive rehabilitation practice, increased recognition of the multitude of psychological and somatic factors that affect cognitive function, and the emergence of novel theories that inform and guide clinical practice.

This new textbook, *Transforming Cognitive Rehabilitation*, begins with five chapters that set the stage for the remainder of the volume. Chapter 1 introduces five paradigms that serve as the context for cognitive rehabilitation today. In Chapter 2, we review key cognitive functions typically affected by acquired brain damage. Chapter 3, a new chapter, introduces the concept of "psychological mindedness" and provides counseling frameworks and strategies that can be incorporated in cognitive rehabilitation sessions to promote client engagement and motivation. Chapter 4 is also a new chapter and provides an overview of the Rehabilitation Treatment Specification System (RTSS; Hart et al., 2019), a framework to describe and classify our treatments. The RTSS encourages clinicians and researchers to specify their intervention methods and desired outcomes, and is applied throughout the remainder of the text. Chapter 5 further builds on the Planning, Implementation, and Evaluation (PIE) framework, first introduced in *Optimizing Cognitive Rehabilitation*.

The remaining chapters apply the principles and frameworks to instruction in the use of cognitive strategies (Chapter 7) and external cognitive aids (Chapter 8), teaching discrete facts and routines (Chapter 6), and methods to support social competence after brain injury (Chapter 9). Topics new to this text are rehabilitation in the inpatient setting (Chapter 10); a review of the current state of computer-based, drill-focused cognitive rehabilitation (Chapter 11), necessitated by the intensified marketing and media promotion targeting cognitive rehabilitation providers; and cognitive rehabilitation for clients with functional cognitive symptoms (Chapter 12).

We describe cognitive rehabilitation principles and frameworks, intervention options, and types of evaluation that are broadly applicable across etiologies of cognitive impairment. Many disorders and diseases can affect cognitive functioning, including acute-onset disorders such as stroke and traumatic brain injury; degenerative diseases such as multiple sclerosis, Parkinson disease, and Alzheimer's disease; and viruses and infections such as COVID-19, meningitis, and encephalitis. Each has unique features that will inform assessment and treatment, and requires that practitioners be informed about the specific etiology, symptomatology, recovery trajectories, and comorbidities. Knowing which techniques and treatment approaches fit with particular client profiles requires that clinicians are familiar with the populations that they serve.

Finally, this book has been designed to support the reader in translating knowledge into practice. Each intervention chapter follows a similar format, beginning with a summary of current knowledge and supporting evidence. We provide practical examples to illustrate the concepts as well as blank treatment planning forms to help clinicians structure their therapy sessions according to the framework outlined in each chapter. Case Applications are then provided in a stepwise manner whereby readers are encouraged to take the narrative information provided in the chapter and map it onto a session planning or progress monitoring form, and then compare their work to completed Case Application: Sample Answer forms at the end of the chapter. Blank forms are provided at the end of each intervention chapter and are also available for downloading at the book's companion website. As discussed in Chapter 4, to develop a new skill, clients must have lots of opportunities for hands-on practice, and this is no less true for clinicians seeking to improve their skills. It is our hope that this level of structure and supported practice will allow clinicians to easily put their new learning into action!