Cognitive Group: A Treatment Program for Head-Injured Adults

(social interaction, group processes, activity groups)

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The need for social interaction is frequently viewed as secondary to that of cognitive remediation in the rehabilitation of the head injured. This paper describes the Cognitive Group as an adjunct to individual occupational therapy treatment, designed specifically for inpatients, at Kessler Institute for Rehabilitation. The theoretical approach of the Cognitive Group is based upon Mosey's developmental groups (A. C. Mosey, 1970. Three frames of reference for mental health. Thorofare, NJ: Charles B. Slack). The group's format consists of structured cognitive activities in a controlled social environment. A sample week of group activities is included. We found a general trend of improvement in memory and social interaction skills among the 46 patients who participated in the program.

The National Head Injury Foundation estimates that 100,000 individuals die annually from traumatic head injuries and more than 400,000 require hospitalization for head injuries sustained as the result of a motor vehicle accident, encephalitis, hypoxia, or cerebral hemorrhage. Two thirds of these individuals are less than 30 years of age (1).

A traumatic head injury can affect various realms of normal functioning. Physical, perceptual, cognitive, social, and emotional skills, as well as communication skills, can be disrupted to the extent that the head-injured persons have problems interpreting and interacting with their environment. Their learning capacity is greatly reduced by their inability to structure stimuli internally. This decreased capacity to learn may manifest itself as (a) disorientation and confusion, (b) memory deficits, (c) decreased attention and concentration, (d) inability to perform self-care activities, (e) decreased initiative for functional tasks, and (f) decreased organization of thought processes. The individual's level of awareness may range from unresponsive to stimuli to purposeful/appropriate, and the individual may display such behaviors as nonpurposeful action, agitation, or impulsivity (2).

Traditionally, treatment for individuals with traumatic head injuries has consisted of individualized remediation. While this approach may be successful in addressing physical, emotional, and perceptual, as well as many cognitive deficits, a group approach is better suited for enhancing social interaction skills. Moreover, the dynamics of group treatment are such that, in a structured group, head-injured individuals can begin to modify their behavior in response to feedback received from the leader and peers. Finally, groups can play a vital role in treating the head-injured adult as both an individual and a social being by addressing cognitive problems in a social setting.

With these considerations in

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mind and as the population of head-injured patients increased at the Kessler Institute for Rehabilitation in New Jersey, we developed the Cognitive Group as an adjunct to the daily individual occupational therapy treatment these patients receive in the inpatient occupational therapy department. The goals of the group are to equip its members with strategies for problem solving and memory storage while providing opportunities for structured social interaction. Participants are patients who have achieved an increased self-awareness as well as an increased awareness of the environment, and who have improved their orientation and attention span. These achievements are the major goals of the sensory stimulation group, a program for head-injured patients functioning at a lower level. Most patients referred to the Cognitive Group program had previously participated in the sensory stimulation group.

This paper describes the frame of reference on which the Cognitive Group is based as well as its format. The description includes a sample of individual goals, practical information for running the group, and activity suggestions. The group is unique in that it is designed for inpatients. While there is literature available on cognitive rehabilitation groups for outpatients, we found little information on such programs for inpatients.

Frame of Reference

The Cognitive Group is based on Mosey’s developmental frame of reference, recapitulation of ontogenesis (3). It focuses on the skill of group interaction. Of the five developmental groups Mosey describes, the first three—parallel, project, and egocentric-cooperative—were observed to have developed in the Cognitive Group program.

Developmentally, the parallel group is the first level of group interaction skills an individual learns to master. It involves a minimal degree of group interaction as members undertake individual tasks in the company of one another and under the direction and aid of a therapist. There is little pressure to socialize; however, group members may be led into casual conversation by the leader.

At the project group level, a short-term task requiring some cooperation (and often spurring competition among members) is the next type of activity that members encounter. The task or project becomes the main emphasis of the group. The leader guides the session with increased opportunity for interaction among group members. The goal is for completion of the particular activity within the time frame of that group session.

The group interaction skills required at the level of the egocentric-cooperative group are more advanced than at the other two levels. This level group uses a task that increases member participation and is executed over a long period. The members are responsible for selecting and executing the task using the leader for support, guidance, and resource assistance. The primary goal is the satisfaction of the social and emotional needs of the group members. The completion of the activity is the secondary goal.

The Cognitive Group, like Mosey’s developmental groups, can be understood best if it is perceived as a continuum. Although each Cognitive Group develops sequentially from lower to higher levels of functioning, it does not necessarily start at the parallel level or progress to the egocentric-cooperative level. The addition of new members and the discharge of present members also influence the group’s progress.

Format

The format for the Cognitive Group was originally based on the formats of successful group programs throughout the country, including the program at Rancho Los Amigos Hospital in Downey, California (4). Based on Rancho’s Levels of Cognitive Functioning, appropriate referrals for the Cognitive Group include patients functioning at Rancho Level V (confused, inappropriate, nonagitated), Level VI (confused, appropriate), and Level VII (purposeful, appropriate). Patients with severe dysarthria and aphasia are excluded from the Cognitive Group. Patients are referred by their individual occupational therapist and/or physician.

The Cognitive Group consists of six patients, the maximum number that can be accommodated comfortably, plus the leader. It meets in a quiet, distraction-free area 5 days a week for 30-minute sessions. The emphasis of a group session may vary depending on whether the group is at the parallel, project, or egocentric-cooperative group level. Each patient’s referring occupational therapist suggests individualized goals on the referral card to be addressed in the group situation. The most common individual goals are as follows:

- improve organization skills,
- improve judgment and reasoning,
improve self-initiation, and
decrease egocentricity and in­
crease ability to interact with oth­
ers.

Specific guidelines are used to
achieve these goals. For example,
the activities are structured to pro­
vide consistency and allow for at
least one successful experience in a
session. The activities selected are
familiar and meaningful to the
group members, and they are var­
ied to avoid the learning of splinter
skills. The complexity, rate, and
duration of tasks is adjusted to
meet the individual's information
processing level (i.e., tasks are
graded from concrete to more ab­
stract). Incorrect responses are
handled in a manner that is not
destructive to the group member's
self-esteem. A developmental se­
quence is used to promote the
learning of adaptive skills. Some
prior level of individual compe­
tency in interaction skills, which is
required in all five of Mosey's de­
velopmental groups, is assumed to
have been achieved by most Cog­
nitive Group members before they
sustained their head injury.

A card file has been de­
veloped to aid in the planning of the ac­

tivities used in the sessions (a sug­
gested format for these cards is
seen in Figure 1). The format for
each card includes a recommended
group level for the activity, nec­

cessary materials, the procedure (in­
cluding the role of the leader and
group goals), the purpose (includ­
ing the behavioral outcomes the
leader hopes to facilitate), and the
grading and adaptation of the ac­
tivity. The activity cards are or­
ganized into five categories: Rea­
soning and Abstraction Skills, Per­
ceptual and Cognitive Activities,
Memory Activities, Life Skills, and General Ac­
tivities (see Figure 2).

A weekly program is recorded in
advancement in a planning book so that
the group can be conducted by an­
other leader if the group leader is
not present for a session. A sample
week, which illustrates the diversity
of activities for a group of this kind,
is provided.

Sample Week
Monday
1. Discussion. The group begins
with a discussion of what each
group member and the group
leader did over the weekend. This
is a pleasant, informal way to start
the session and it encourages the
participants to exercise their mem­
ory to recall what took place over
the weekend.

2. Activity of the day: Role-playing.
Role-playing is described in the
Reasoning and Abstraction Skills sec­
tion of our card file. Group mem­
bers are given different telepho­
ing situations (i.e., ordering a pizza,
inquiring about bus schedules, call­
ing directory assistance for a phone
number), and a discussion follows
about the information the caller must
give and probable questions
the caller will be asked. This activ­
ity can be approached at a parallel
group level where each group
member role-plays with the group
leader. This requires minimal, if
any, group interaction as the other
members look on. If the activity is
approached at the project group
level, members can team up and
role-play with each other in front
of the group. Feedback can then
be given by all.

3. Assignment of memory words
(an important tool of the group).
Monday through Thursday at the
end of each session, a word is as­
signed to each group member. At
the beginning of the next day's ses­
ion, each member is asked to recall
his or her "memory word" and re­
peat it to the group. These words are
chosen to relate in some way to
the day's activity and to encourage
the development of short-term
memory skills. Those who have the
greatest difficulty in memory word
retrieval often trigger the recogni­
tion of their own word in listening
to others. Examples of memory
words for this activity are dial, re­
ceiver, touchtone, and operator.

Tuesday
1. Review of memory words from
previous day.
2. Activity of the day: Hangman.
This activity is described in the Per­
ceptual and Cognitive Activities sec­
tion of the card file. All words used
center on a theme, and these words
may also serve as the day's memory
words. For example, words per­
taining to a holiday can be used.
Each member is asked to guess a
letter of a word with a specified
number of letters in it. If the letter
5. General Activities

3. Memory Activities

2. Perceptual and Cognitive Activities

Activity card file (guideline for the use and adaptation of activity cards)

Key Questions to Consider for Adapting Each Activity Card

1. Reasoning and Abstractation Skills
   - Does logical thought and problem solving exist?
   - What level of abstraction do group members possess?

2. Perceptual and Cognitive Activities
   - Do specific visual-motor problems exist? (i.e., visual acuity, tracking, extracocular movements)
   - Does the activity require perceptual abilities that all group members possess? (i.e., figure-ground, form constancy, position in space, and body scheme)

3. Memory Activities
   - Are group members able to retain items for immediate retrieval (short-term, day-to-day, long term)?
   - What stimulus or combination of stimuli (visual, auditory, tactile, olfactory) are most easily retained by group members?

4. Life Skills
   - Is the activity appropriate for the age, sex, and intellectual level of each member?
   - What life roles do individual group members play? (e.g., spouse, employee, etc.)

5. General Activities
   - What is the present level of group functioning? (parallel vs. project, project vs. egocentric-cooperative group)

Sample Activities

- Analyzing potentially dangerous situations
- Completing a story
- Interpreting proverbs
- Completing a story
- Playing bingo
- Playing card games
- Playing card games
- Remembering a tape-recorded series of sounds
- Remembering objects with increasing time delays (visual memory activities)
- Reading a map
- Locating services in the community
- Ordering items from a catalog
- Doing a collage
- Role-playing

does not appear in a word, a different part of the body is drawn from the hangman's noose. The objective is not to be "hung." This activity incorporates the cognitive skills of auditory memory, problem solving, visual organization, and sequencing. It can be structured as a parallel group activity.

3. Assignment of memory words.

Wednesday

1. Review of memory words from previous day.

2. Activity of the day: Group collage. This activity is found in the General Activities section of the card file. It can be an ongoing activity and is used here to illustrate an egocentric-cooperative group. Group members together decide on a theme for the collage and the media they plan on using (i.e., drawings, magazines, photos, three-dimensional objects). During each session, they work on assembling the collage. The leader acts only as a resource person. This activity enhances socialization skills and incorporates the cognitive skills of decision making, sequencing, problem solving, and thought organization, as well as fine and gross motor skills if scissors and glue are used.

3. Assignment of memory words.

The memory words given relate in some way to the collage.

Thursday

1. Review of memory words from previous day.

2. Activity of the day: Dining out. This activity is found in the Life Skills section of the card file. This section is the largest in the file and contains the most functionally oriented of activities. A discussion on dining out can be either a parallel or project group task. The group leader asks for a discussion about different types of restaurants (i.e., diner, carryout or fast-food restaurant), what type of clothing is appropriate to wear to each, what a tip is, how much one should tip, what a la carte means. A sample menu from a restaurant is helpful. This activity incorporates the cognitive skills of memory, judgment, thought organization, reasoning, and appropriate social behavior.

3. Assignment of memory words.

The memory words given are relevant to restaurants.

4. Planning a snack. A snack is decided upon for the Friday meeting.

Friday

Friday sessions are an important part of the group's dynamics, and members look forward to it each week. Members gather in the occupational therapy kitchen for an informal snack that conforms with the individuals' dietary restrictions. Members are partially responsible for assisting in the preparation and clean-up of the snacks, depending on their physical limitations. This session is more relaxing in that except for the discussion of the memory words from the previous day the agenda is unstructured. Usual topics of discussion are current events or plans for the weekend. This is a good time for the group leader to observe socialization and group interaction skills.

This sample week illustrates activities for the various group levels. In reality, a given group would not switch in 1 week between being a parallel, project, or egocentric-cooperative group.

Evaluating the Group Approach

To evaluate the Cognitwve Group we adapted a portion of the "Occupational Therapy Functional Evaluation" (5). Although originally designed for use on individuals with psychosocial dysfunction,
this evaluation has behavioral as well as social interaction components that apply to a group situation.

The areas specific to measuring performance in a Cognitive Group include need satisfaction, dependency, ability to organize stimuli, maintaining focus and attention, responsibility, following directions, decision making, validating judgments, adhering to rules and regulations, handling constructive criticism, frustration tolerance, impulse control, communication skills, assertiveness, group skills, and relationship to therapist. We added a memory skills category, which includes immediate and short-term memory as well as auditory and visual memory.

The group leader completes the evaluation form for each group member every other week. The forms are then shared with the referring occupational therapist so that changes can be documented in the patient's monthly progress notes.

In a 27-month period a total of 46 patients participated in the Cognitive Group program for an average of 7 1/2 weeks. Group members participated from 2 to 24 weeks, with nearly one third of the members attending from 3 to 4 weeks. The patients ranged in age from 15 to 77 years; over 65% of those seen were between the ages of 15 and 34 years. Most patients evaluated have shown a trend to improve their memory skills and social interaction skills.

Summary and Implications for Clinical Practice

Progression through the various Rancho cognitive levels (2) and Mosey's group subskills (3) is readily observed with an inpatient head-injured population. Planned intervention can enhance and shape this progression. The Cognitive Group program has proved useful for introducing graded social experiences. As an adjunct to individual occupational therapy treatment it not only encourages the complete development of an individual, but also provides a more realistic simulation of life situations.

In addition, a group treatment approach is cost-effective in that one therapist can interact with a group of patients with similar problems at the same time. This approach also offers the opportunity for members to identify with one another and to share common problems and achievements. Mosey's group interaction subskills provide a developmental structure for the reacquisition of competency in group situations. We have found that the systematic approach of cognitive remediation lends itself well to this structure.

In the treatment of head-injured adults the roles of the occupational therapist, speech therapist, and psychologist frequently overlap. The leader of the Cognitive Group, an occupational therapist, does not attempt to replace or duplicate the roles of the speech therapist and psychologist on the team but attempts to enhance the treatment goals of the patient through the use of functional activities.

The Cognitive Group can be easily reproduced and adapted to meet the needs of other treatment facilities. Occupational therapists today are acutely aware of the need to integrate their skills as clinicians; the Cognitive Group, because it applies psychosocial theory in a physical dysfunction setting, can provide an excellent opportunity to do just that.

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REFERENCES