



“Evidence-Based Adaptation for Cognitive Challenges”

This product is from a project within the Department of Defense Congressionally Directed Medical Research Focus Program Award "Improving Health Care Access and Engagement for Veterans and Service Members with TBI Morbidity" (I-HEAL). Learn more about I-HEAL by visiting

<https://ihealbrain.org> 

| Product Type | Product Title | Product Author | Summary/Abstract | Citation |
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| General | A Guide to Working with Individuals with Brain Injury | Brain Injury Alliance of Nebraska | A 2-page guide for individuals working with brain injury. The guide defines traumatic brain injury (TBI) and other forms of acquired brain injury and provides screening questions that can be used to assess history of brain injury. The guide also describes common cognitive difficulties (e.g., reduced attention, processing speed, memory, problem solving and self-monitoring) that can occur after brain injury and strategies used to address those difficulties. The guide may be useful for providers who do not have much background working with TBI patients. | Brain Injury Alliance of Nebraska, (2025), A Guide to Working with Individuals with Brain Injury https://biaine.org/wp-content/uploads/2025/04/BrainInjuryGuide_Print_NoBleed.pdf |
| General | Mental Health Pocket Card for Management of Patients with Posttraumatic Stress | Johnson-Brooks C., Miles SR, Brostow D | This 5-page pocket card seeks to help mental health providers follow clinical practice guidelines on how to assess and treat patients with posttraumatic stress disorder (PTSD) and mild traumatic brain injury (mTBI), according to the Departments of Defense and Veterans Affairs. Mental health providers who treat PTSD can use flow diagrams to triage patients, find tips for working those with mTBI, and access links to mental health measures. This pocket card may be useful for providers to quickly reference while treating patients. | Johnston-Brooks, C. H., Miles, S. R., & Brostow, D. P. (2022). Mental Health Pocket Card for Management of Patients with Posttraumatic Stress Disorder and Mild Traumatic Brain Injury. <i>Archives of physical medicine and rehabilitation</i> , 103(3), 611–615. |

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| | Disorder and Mild Traumatic Brain Injury | | | https://doi.org/10.1016/j.apmr.2021.10.013 |
| General | Treatment of Psychiatric Problems After Traumatic Brain Injury (Table 3 especially) | Fann, J., Quinn, D. K., Hart, T | The authors of this journal article conducted a review of the few randomized control trials focused on the treatment of psychiatric conditions after TBI. The authors review various treatments from psychopharmacology to psychotherapy for a variety of mental health difficulties that are often comorbid in the TBI population. Table 3 is particularly useful as it covers “Therapeutic Approach,” “Key Components” and “Adaptations to Improve Treatment Receipt/Treatment Enactment in TBI.” | Fann, J. R., Quinn, D. K., & Hart, T. (2022). Treatment of Psychiatric Problems After Traumatic Brain Injury. <i>Biological psychiatry</i> , 91(5), 508–521. https://doi.org/10.1016/j.biopsych.2021.07.008 |
| General | Traumatic Brain Injury and Substance Use Disorders: Making the Connections | Lemsky C. | This Toolkit contains information for providers about TBI and substance use disorders. Section 3 provides specific information and guidance on how to accommodate treatment for a variety of cognitive impairments that might influence a person in treatment. Earlier sections also provide general information on brain injury as well as how TBI and substance use disorders can co-occur and influence each other. Later sections apply SUD treatment in the context of cognitive impairment and offer resources. [X providers] may find this useful [in A context] or to achieve [B goal]. | Lemsky, C., (2021). <i>Traumatic Brain Injury and Substance Use Disorders: Making the Connections</i> |
| General | Making Groups Effective for Clients with Cognitive Impairments | Ohio Brain Injury Program | This 2-page handout describes common cognitive impairments that people with substance use disorders may have. Mental health providers who use group therapy to help patients reduce substance use will find tips on how to conduct and manage groups, including how to structure the group, compensatory accommodations for cognitive impairment, and how to address behavioral issues. | Making Groups Effective for Clients with Cognitive Impairments. Ohio Domestic Violence Network and Ohio Brain Injury Program (2025). <i>Making Groups Effective for Clients with Cognitive Impairments</i> https://www.odvn.org/wp-content/uploads/2024/06/MakingGroupsEffectiveForClientsWithCognitiveImpairments_web.pdf |

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| General | Accommodating the Symptoms of TBI | Ohio Valley Center for Brain Injury Prevention and Rehabilitation with contributions from Minnesota Department of Human Services State Operated Services | A user-friendly guide for providers who may support individuals with TBI but may not have been explicitly trained to do so. The guide describes TBI symptoms and general strategies for working with individuals with TBI, including how to identify clients' learning and communication styles and how to individualize treatment. It also explains cognitive processes (e.g., attention), symptoms of impaired cognition (e.g., after a short period is "checked out"), and accommodations to maximize treatment success (e.g., keep instructions brief, simple, and to the point). It provides recommended adaptations, not a manualized intervention. | Ohio Valley Center for Brain Injury Prevention and Rehabilitation (2013). <i>Accommodating the Symptoms of TBI</i> https://wexnermedical.osu.edu/-/media/files/wexnermedical/patient-care/healthcare-services/neurological-institute/neuroscience-research-institute/research-centers/ohio-valley/for-professionals/1126-accommodating-tbi-booklet-114508ada.pdf |
| General | Systematic Approach to Social Work Practice: Working with Clients with TBI | Margaret A. Strutchen, Ph.D., Allison N. Clark, Ph.D. | This guide intends to help social workers in understanding and supporting individuals with TBI. It describes TBI, its prevalence, and common sequelae. The guide outlines social workers' roles in TBI care such as advocacy, liaison work, resource referral, counseling, discharge planning, and facilitating financial/social assistance applications. It introduces a step-by-step process for working with TBI clients covering initial contact, assessment, planning, intervention, discharge, and follow-up. It discusses compensatory strategies for TBI symptoms (e.g., attention, memory) and is applicable in various settings, offering adaptations to practice, not a manualized intervention. | Strutchen, M., Clark, A., (2007). <i>Systematic Approach to Social Work Practice: Working with Clients with Traumatic Brain Injury</i> . Baylor College of Medicine |
| General | Clinical Gems for Psychologists Working with Traumatic Brain Injury | Del Piero, L., and Rau, H. | A PowerPoint presentation created for psychologists working with TBI and stroke patients. The presentation outlines the signs, symptoms, and difficulties for those who have experienced a TBI or stroke. Treatment considerations, recommendations, and modifications are provided to improve treatment engagement and outcomes. | Del Piero, L., and Rau, H. (2024). <i>Clinical Gems for Psychologists Working with Traumatic Brain Injury and Stroke Survivors</i> |

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| | and Stroke Survivors | | | |
| General | Rocky Mountain MIRECC TBI Toolkit | Olson-Madden, Brenner, Matarazzo, and Signoracci, 2013 | This toolkit for [audience] provides [general content overview]. The section on "Adapting Interventions for Neurocognitive Deficits" includes brief recommendations for strategies to adjust for specific cognitive impairments and a link to the Ohio Valley Center for Brain Injury Prevention and Rehabilitation training on "Accommodating the Symptoms of TBI." [Audience] may find this useful for [context]. | Olson-Madden, Brenner, Matarazzo, and Signoracci, 2013 <i>Rocky Mountain MIRECC TBI Toolkit</i> https://www.mirecc.va.gov/visn19/tbi_toolkit/ |
| General | ASAM Chapter 19 - Addressing Cognitive Impairment | Waller RC, Boyle MP, Daviss SR, Fareed, Gomez-Luna J, et al. | The American Society of Addiction Medicine developed this book chapter to help providers support patients with cognitive impairment in addiction treatment. Mental health providers will find strategies for adapting group therapy, using memory and planning aids, and creating responsive therapeutic environments. The chapter outlines core cognitive domains and offers tools to enhance participation in structured addiction treatment. | Waller RC, Boyle MP, Daviss SR, Fareed, Gomez-Luna J, et al. editors. Chapter 19. <i>Addressing cognitive impairment. The ASAM Criteria: treatment criteria for addictive, Substance-Related, and co-occurring conditions</i> , volume 1: adults. 4th ed. Hazelden Publishing; 2023. |
| Mixed | CONcussion Treatment After Combat Trauma CONTACT Treatment Manual | CONTACT Research Team | This is a 12-session phone-based problem-solving treatment (PST) intervention, originally developed for service members with TBI. Brief modules addressing depression, anxiety/PTSD, insomnia and headache are also available. | Bell, K. R., Brockway, J. A., Fann, J. R., Cole, W. R., St De Lore, J., Bush, N., Lang, A. J., Hart, T., Warren, M., Dikmen, S., Temkin, N., Jain, S., Raman, R., & Stein, M. B. (2017). Telephone Problem Solving for Service Members with Mild Traumatic Brain Injury: A Randomized, Clinical Trial https://www.liebertpub.com/doi/full/10.1089/neu.2016.4444 |
| Mixed | Cognitive Strategies for | University of Denver, | A resource for providers comprised of tip sheets outlining common deficits seen in patients diagnosed with TBI. Psychoeducation | Mindsource Brain Injury Network Colorado and University of |

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| | Community Mental Health+ Mindsource | Mindsources Brain Injury Network | regarding Memory Problems, Delayed Processing, Attention Problems, Inhibition Problems/Impulsivity, Physical and Sensorimotor Problems, Language Problems, Organization Problems, Mental Flexibility, Emotional Dysregulation, and Sleep are reviewed to help improve treatment engagement and outcomes. | Denver, Graduate School of Professional Psychology (2019) <i>Cognitive Strategies for Community Mental Health</i> |
| Mixed | Acceptance and Commitment Therapy (ACT) for the Treatment of Emotional Distress Following TBI, Client+Treatment Manual | Angelle M. Sander, Ph.D., Kacey L. Maestas, Ph.D., Allison N. Clark, Ph.D., Robyn Walser, Ph.D. | This is an 8-session therapy program designed to help individuals with TBI manage emotional distress, including depression, anxiety, and somatization. Based on Acceptance and Commitment Therapy (ACT), the program focuses on teaching mindfulness, emotional acceptance, and goal setting based on personal values. Each session lasts 1.5 hours over an 8-week period. The provider manual includes scripts, handouts, and homework tailored for individuals with cognitive impairment due to TBI. The client manual provides handouts and homework assignments for each session, also adapted for TBI-related cognitive challenges. | Sander, A., Kacey L. Maestas, K., Clark, A., Walser, R., Ph.D. (2020). <i>ACT for the Treatment of Emotional Distress Following TBI</i> Baylor College of Medicine |
| Mixed | CABA Facilitator/Patient Manual | Department of Veterans Affairs | Patient and provider manuals that describe a 10-session treatment using behavioral activation to reduce PTSD. Mental health providers who treat patients with PTSD and cognitive impairment will find methods to address symptoms of TBI and PTSD. | Department of Veterans Affairs, (2021) <i>Cognitively Augmented Behavioral Activation for Veterans with Comorbid TBI/PTSD</i> https://www.research.va.gov/about/funded_research/proj-details-FY2021.cfm?pid=468673 |
| PTSD | Smart CPT Therapist/Patient Manual | Jak, A. | To develop a protocol for patients with PTSD and comorbid TBI, the U.S. Department of Veterans Affairs San Diego Healthcare System conducted research combining Cognitive Processing Therapy (CPT) and Cognitive Symptom Management and Rehabilitation Therapy (CogSMART). This research resulted in the Smart CPT therapist and patient manuals. The new protocol addresses symptoms of PTSD while also providing patients with strategies to deal with their cognitive difficulties. | Jak, A. J., Jurick, S., Crocker, L. D., Sanderson-Cimino, M., Aupperle, R., Rodgers, C. S., Thomas, K. R., Boyd, B., Norman, S. B., Lang, A. J., Keller, A. V., Schiehser, D. M., & Twamley, E. W. (2019). SMART-CPT for veterans with comorbid post-traumatic stress disorder and |

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| | | | | <p>history of traumatic brain injury: a randomised controlled trial. <i>Journal of neurology, neurosurgery, and psychiatry</i>, 90(3), 333–341.</p> <p>https://doi.org/10.1136/jnnp-2018-319315</p> |
| Depression | LIFT Therapist/Patient Manual | Fann, J., & Bombardier, C. | <p>This 12-session intervention is designed to address depression after TBI; the intervention includes a clinician manual and a patient education manual. The primary focus of the treatment includes increasing activity as well as identifying and changing negative thought patterns. The clinician manual contains a list of cognitive compensatory strategies that therapists can utilize during treatment sessions.</p> | <p>Fann, J., & Bombardier, C.. (2014). CBT-TBI COUNSELING PROGRAM: A Clinical Treatment Approach from Project LIFT. Therapist manual (Rev. ed) University of Washington. https://tbi-bh-echo.psychiatry.uw.edu/wp-content/uploads/2024/02/LIFT-Therapist-Manual-Final.pdf</p> <p>Patient manual (Rev. ed) University of Washington. https://tbi-bh-echo.psychiatry.uw.edu/wp-content/uploads/2024/02/LIFT-Patient-Manual-Final.pdf</p> |
| Depression | CBT ABI Manual | Dana Wong, Ph.D.; Ming-Yun Hsieh, Ph.D., Adam McKay, Ph.D., Kerrie Haines, Ph.D., Meghan O'Donnell, Ph.D., Jennie | <p>Cognitive Behavioural Therapy – Adapted for Brain Injury (CBT ABI) is a treatment program aimed at reducing depression and anxiety in individuals with acquired brain injury. The program consists of 9 weekly sessions, plus 3 booster sessions after a 2-month break, each lasting about 60 minutes. The manual includes therapist guides, visual aids, handouts, and a modular treatment structure (e.g., identify the client's problem/goals for treatment, anxiety management, behavioral activation). The modules are embedded with common modifications used to tailor CBT (e.g., repetition, use</p> | <p>Wong, D., McKay, A., Kazantzis, N., & Ponsford, J. (2020). Clinical Translation of Cognitive Behavioural Therapy for Anxiety and Depression: Adapted for Brain Injury (CBT-ABI): How Do We Train Competent Clinicians? <i>International Journal of Cognitive Therapy</i>, 13(4), 379-</p> |

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| | | Ponsford, Ph.D. | of handouts, checking for understanding, providing potential response options). | 395. https://doi.org/10.1007/s41811-020-00079-2 |
| Chronic Pain | TBI Care: Collaborative Care for Pain after Traumatic Brain Injury, Therapist Manual | Hoffman J et al. | A manual for a 12-session cognitive behavioral treatment to help patients with TBI manage their chronic pain. Mental health providers can use the manual to teach patients with TBI how to set goals, problem solve, and address common causes of pain including poor sleep and inactivity. | Hoffman, J. (2018). <i>TBI Care: Collaborative Care for Pain after Traumatic Brain Injury, Therapist Manual</i> . University of Washington, Traumatic Brain Injury Model System |
| Chronic Pain | STOP CBT Education/Therapist Manual | Ehde, D., Williams, R., Hoffman, J., Sullivan-Singh, S., & Sawyer, K. (2013). | Patient and therapist manuals for an 8-session intervention to address chronic pain; one via psychoeducation and one via CBT. Psychoeducation topics include education about pain (e.g., the gate control theory of pain) and the relationship between pain and (1) mood, (2) sleep, (3) TBI, (4) activity, and (5) communication. Both manuals provide detailed administration instructions, and prompts are provided for the therapist at the end of session 1 to discuss cognitive difficulties and strategies to maximize benefit from this intervention. Protocols were written for research, so minor modifications will be needed for clinical settings. | Ehde, D., Williams, R., Hoffman, J., Sullivan-Singh, S., & Sawyer, K. (2013). STOP: Structured Treatment of Pain Therapist Manuals |
| Chronic Pain | Coping with Headache Triggers After TBI | Martin, P. R., Callan, M., Migliorini, C., & Kaur, A. | Clinicians developed this manual and appendix to help mental health providers teach patients how to identify and manage headache triggers including stress, worry, and mental exertion. Providers will find behavioral pacing strategies and an exposure-based framework for patients who avoid thinking due to headache concerns (cogniphobia). A step-by-step graded exposure plan illustrates how to increase tolerance for cognitive activity while reducing symptom-related avoidance. | Martin, P. R., Callan, M., Migliorini, C., & Kaur, A. (2010). Coping with headache triggers treatment manual. Monash University and Southern Health. |
| Sleep | CBT-I in patients with a history of | Almklov EA, Rivera GL, Orff H. | This chapter from a book titled "Adapting Cognitive Behavioral Therapy for Insomnia" provides background and overview of how TBI and sleep disorders commonly co-occur and has suggestions for how to adapt CBT-I for individuals with TBI and cognitive | Erin A. Almklov, Guadalupe L. Rivera, Henry Orff, Chapter 13 - CBT-I in patients with a history of traumatic brain injury, |

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| | traumatic brain injury | | impairment. It also includes general information about TBI which may be helpful for practitioners who are familiar with CBT-I but who have less exposure to TBI and may be unfamiliar with the link between TBI and sleep difficulties. | Editor(s): Sara Nowakowski, Sheila N. Garland, Michael A. Grandner, Leisha J. Cuddihy, Adapting Cognitive Behavioral Therapy for Insomnia, Academic Press, 2022, Pages 265-290, ISBN 9780128228722, https://doi.org/10.1016/B978-0-12-822872-2.00009-8 |
| Sleep | Insomnia and Fatigue after Traumatic Brain Injury | Ouellet, M.-C.; Beaulieu-Bonneau, S.; Savard, J.; Morin, C. M. | Academic sleep and rehabilitation experts developed this book to help providers treat insomnia and fatigue after TBI. Mental health providers will find guidance on assessing symptoms, adapting CBT for cognitive impairments, and using behavioral interventions to promote rest and restore function. The book includes background science, assessment tools, and treatment protocols. | Ouellet, M.-C., Beaulieu-Bonneau, S., Savard, J., & Morin, C. M. (2020). <i>Insomnia and fatigue after traumatic brain injury: A CBT approach to assessment and treatment</i> . Elsevier Academic Press. |
| Sleep | Sleep Smart Study | Almklov, E., Orff, H., Twamley, E., & Pittman, J. | SleepSMART is an adapted CBT-I protocol designed for Veterans with cognitive impairment. Based on the VA's national CBT-I therapist manual, it includes core components—stimulus control, sleep restriction, and cognitive strategies—delivered in a simplified, structured format. Adaptations include therapist scripts, visual aids, and pacing to support comprehension and implementation. Though originally developed for group delivery, it can be used in individual sessions. | Almklov, E., Orff, H., Twamley, E., & Pittman, J. (2014). <i>SleepSMART (Sleep Symptom Management and Rehabilitation Therapy)</i> . (2014? Ask about this one) |
| Sleep | Keep Breathing for Brain Healing: A Guide for Boosting Adherence to Positive | Silva M, Nakase-Richardson R | This treatment manual is designed for behavioral health providers who work with individuals with TBI and sleep apnea to improve adherence. It includes both specific recommendations for adaptations depending on the type of cognitive impairment each person has, and the intervention includes motivational interviewing and cognitive behavioral therapy techniques to promote adherence. | Silva M & Nakase-Richardson R, (2020). Keep Breathing for Brain Healing: A Guide for Boosting Adherence to Positive Airway Pressure (PAP) Therapy for Sleep Apnea in Persons with Brain Injury |

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| | Airway Pressure (PAP) Therapy for Sleep Apnea in Persons with Brain Injury | | | |
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The views expressed in this product are those of the authors and do not necessarily represent the official policy or position of the Departments of Veterans Affairs or any other U.S. government agency. Handout distributed at presented at National Academy of Neuropsychology Conference on November 4, Los Angeles, California.

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