Abstract:
SLPs have an important role in providing services across the cognitive impairment continuum in an effort to sustain abilities or delay the effects associated with dementing diseases. This session will focus on an evidence-based framework for providing cognitive-communicative intervention. Examples of direct and indirect clinical techniques will be discussed.

Session Objectives:

- Explain the rationale for intervention
- List the key components of successful intervention.
- Provide examples of direct and indirect clinical techniques

Rationale for Intervention:

**Cognitive Reserve**: the mind’s resilience to neuropathological changes in the brain

Individuals may have the same degree of pathology but one is not symptomatic.

**Science-Based Principles that Advantage Learning and the Creation of Cognitive Reserve**
(Kleim & Jones, 2008; Kolb, Cioe, & Williams, 2011)

1. Timing  
2. Attention  
3. Stimulation  
4. Specificity  
5. Emotion  
6. Reward  
7. Intensity  
8. Duration

Examples of Clinical Application: ____________________________________________________________
________________________________________________________________________________________
Review of Evidence for Cognitive Intervention with MCI

Developing a Cognitive Intervention Program for MCI Using Science-Based Principles of Learning

- An example:
  - Week 1: Your Brain and Neuroplasticity; Strategies for Learning Names
  - Week 2: Attention
  - Week 3: Method of Loci
  - Week 4: External Memory Strategies
  - Week 5: Language Production/Comprehension
  - Week 6: PQRST
  - Week 7: Pulling it All Together – A review of strategies
  - Week 8: Guest Speaker – Hearing and Balance and Wrap Up

Science-based Principles for Successful Intervention (Bayles, McCullough, & Tomoeda, 2018)

1. Make treatment person-centered.
   
   Examples:

2. Target client skills and behaviors that have the potential to improve.
   
   Examples:

3. Provide individual and group therapy.
   
   Examples:
4. Provide training of strategies that can improve function.
   Examples:

5. Use repetition and repeated retrieval training to create and strengthen new learning.
   Examples:

6. Include neuro-proactive education about physical, mental and social health.
   Examples:

7. Provide opportunities to support communicative engagement and socialization.
   Examples:

8. Insure that duration of treatment is sufficient to strengthen skills and create learning.
   Examples:

9. Use objective and subjective measures of skill strength and learning.
   Examples:

   **Examples of Direct Clinical Techniques:**

   **Examples of Indirect Clinical Techniques:**
Selected References


McCullough, K., and Bayles, K. (2017). Why SLPs have an Important Role in Early Identification of MCI. Session presented at the American Speech-Language Hearing Association annual convention, Los Angeles, CA.


