



# Making Groups Effective for Clients with Cognitive Impairments

A surprisingly large number of people in treatment and recovery for substance use disorders (SUD) have cognitive impairments that can affect how they participate in treatment, how you as professionals view their participation and, ultimately, their success in treatment. Cognitive impairments can be caused by a number of medical conditions (e.g., traumatic brain injury, chronic substance use, overdose, stroke, etc.) which may or may not be reversible. What is important for SUD professionals is to be able to detect when cognitive impairment is affecting treatment, make accommodations for a person's impairments and avoid misattributing neurological deficits as limited motivation.

Group work is the most common method for SUD treatment in almost every clinical approach. Groups provide opportunities for feedback, insight and social reinforcement, to name just a few. However, group work also brings additional challenges for the person who has cognitive impairments:

- More concentration is needed to follow group conversations than is needed in one-to-one communication.
- Commotion or movement in the group can be a source of distraction.
- A limited attention span may be made worse with fatigue as the group goes on, or at the end of the day.
- Problems with auditory comprehension may make it more difficult to understand other group members.
- Poor memory may affect carry-over of discussion topics from session to session.
- Poor organizational or planning skills may result in forgetting to do homework;
- Poor insight into other people's feelings or reactions may lead to being ignored by other group members or, worse, conflict with other group members.

Despite these potential problems, there are a number of things a professional can do to make the benefits of group work more accessible and effective for participants with cognitive impairment. Many of these accommodations are simple changes to group process or structure that minimize the weaknesses and optimize strengths of a person with cognitive impairment.



**Ohio Brain Injury**  
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## **Group Structure**

- Shorter group length and/or greater frequency of breaks can allow a person susceptible to cognitive fatigue to benefit from the entire group session.
- Use routine ways of starting the group such as reviewing purpose, ground rules and the agenda.
- Participatory activities will work better than just presenting information.
- Make sure written material is easy to read and the page is not too cluttered.
- Combine written material with pictures and graphics.
- Make sure audio recordings are clear and are not played too fast.
- Reducing the ambient noise and visual distractions in the group room will help a person with concentration and attention problems.
- Softer lighting and comfortable seating will also reduce distractions.

## **Compensatory Accommodations for Cognitive Impairment**

- Orient the participant to the group's goals, procedures and ground rules before the group meeting and re-visit after the session.
- Review what occurred after any setbacks or “rough” group sessions.
- It may be helpful to debrief with the individual after each session.
- Be clear about expectations for arriving on time or missing sessions—ask if there is anything you can help them do to remind them about upcoming sessions.
- Use multiple learning approaches anytime you can (e.g., visual, auditory, physical).
- Use advance organizers when introducing new topics or activities (i.e., tell them what you're going to do, do it, then tell them what you did).
- Allow use of a journal or memory log to aid in recall.
- Check-in regularly during group to make sure the participant is following.
- Adapt group cadence for slowed speed of processing.
- Help the person set alarms or put notes in their phone as reminders for homework or other activities that need to happen outside of the group.

## **Behavioral Issues**

- Problem behaviors that may need to be addressed include talking too much, talking too little, insensitive comments to other group members, invading a group member's physical space.
- Identify the behavior for the participant and provide immediate and direct feedback on what is inappropriate.
- Establish simple signals that a behavior the person may not be aware of is occurring in group—process with them after the group.

## **Resources that may be helpful**

- NASHIA behavioral health treatment tools: [www.nashia.org/resource-library](http://www.nashia.org/resource-library)
- Ohio Brain Injury Program: [www.ohiobraininjury.org](http://www.ohiobraininjury.org)
- Ohio Domestic Violence Network Partner Inflicted Brain Injury: [www.odvn.org/brain-injury](http://www.odvn.org/brain-injury)
- Brain Injury Association of Ohio Helpline 1-833-783-1495