



# **Cognitive Rehabilitation Therapy for Traumatic Brain Injury: Model Study Protocols and Frameworks to Advance the State of the Science: Workshop Summary**

*Karin Matchett, Board on the Health of Select Populations, Institute of Medicine*

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In October 2011, the Institute of Medicine (IOM) released the report *Cognitive Rehabilitation Therapy for Traumatic Brain Injury: Evaluating the Evidence*, assessing the published evidence for the effectiveness of using cognitive rehabilitation therapy (CRT) to treat people with traumatic brain injury (TBI). TBI has gained increasing attention in the past 15 years because of its status as the signature wound of American military conflicts in Iraq and Afghanistan. Growing numbers of U.S. service members are suffering traumatic brain injuries and are surviving them, given that (a) the majority of traumatic brain injuries are mild and (b) lifesaving measures for more severe injuries have significantly improved. People with any level of injury can require ongoing health care in their recovery, helping them to regain (or compensate for) their losses of function and supporting their full integration into their social structure and an improved quality of life.

One form of treatment for TBI is CRT, a systematic, goal-oriented approach to helping patients overcome cognitive impairments. The Department of Defense (DoD) asked the IOM to evaluate CRT for traumatic brain injury in order to guide the DoD's use and coverage in the Military Health System. *Cognitive Rehabilitation Therapy for Traumatic Brain Injury: Evaluating the Evidence* was the IOM's resulting study of the evidence. The report's conclusions revolved around the fact that there is little continuity among research studies of the effectiveness of different types of CRT, and there exist only small amounts of evidence (or, in many cases, none) demonstrating the effectiveness of using CRT to treat TBI—although the evidence that does exist generally indicates that CRT interventions have some effectiveness.

The workshop brought together experts in health services administration, research, and clinical practice from the civilian and military arenas in order to discuss the barriers for evaluating the effectiveness of CRT care and for identifying suggested taxonomy, terminology, timing, and ways forward for CRT researchers. The workshop consisted of individuals and was not intended to constitute a comprehensive group. Select decision makers in the Military Health System and Veterans Affairs (VA) and researchers were invited to participate. The workshop was designed to spur thinking about (1) the types of research necessary to move the field forward toward evidence-based clinical guidelines, (2) what the translational pipeline looks like and what its current deficiencies are, and (3) considerations that decision makers may choose to use as they decide what research they will support and decide how they will balance the urgency of the need with the level of evidence for CRT interventions. *Cognitive Rehabilitation Therapy for Traumatic Brain Injury: Model Study Protocols and Frameworks to Advance the State of the Science* summarizes the happenings of the workshop.

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