| **Study****Target Population** | **Intervention Arm** | **Intervention Description and Implementation** |
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| **Bell, 200513****Moderate to Severe TBI** | **Telephone Counseling****Theory/Model:**Modeled after validated telephone interventions in chronic care, smoking cessation, depression**Program Type:**Post-rehabilitation telephone contact**Setting:** Patient home**Delivery:** Scheduled phone calls with individualized mail supplements | **Description:** Scheduled phone calls made “research care manager to randomly allocated post-rehabilitation discharge patients. Calls were comprised of 3 basic elements: Follow-up of previously stated concerns, patient or family member stated current concerns, research care manager determined level of intervention in response to patient’s concern. **Coordination:** NR**Disciplines:** NR**Components:** Giving information, mentoring, goal-setting, reassurance, modeling problem-solving, referral to community resources, triaging to regional or tertiary center if local resources unavailable**Therapy hours/week:** 30-45 minutes, weeks 2, 4 and months 2, 3, 5, 7, and 9 post-rehabiltation**Duration:** 9 months**Total therapy hours:** NR**Manualized:** Yes, described in detail in previous publication  **Staff Training:** NR **Fidelity Checks:** NR |
| **Standard Follow-up****Theory/Model:** NR**Program Type:**Recommendations of the acute rehabilitation team with no compliance checks**Setting:** Patient home**Delivery:** N/A | **Description:** Patient given recommendations from acute care team then not contacted until 1 year follow-up**Coordination:** NR**Disciplines: primarily** NR**Components:** NR**Therapy hours/week:** NR**Duration:** 1 year**Total therapy hours:** NR**Manualized:** NR  **Staff Training:** NR **Fidelity Checks:** NR |
| **Cicerone, 2004 11****Chronic Moderate to Severe TBI** | **Intensive Cognitive Rehabilitation Program (ICRP)****Theory/Model:**Holistic neuropsychological rehabilitation (Ben-Yishay and Gold 1990)**Program Type:**Community-based day treatment program**Setting:** Suburban postacute brain injury rehabilitation center (US)**Delivery:** Peer groups progress through program together. | **Description:** ‘Individual and group cognitive remediation with an emphasis on increasing awareness and developing compensations for cognitive deficits, small-group treatment for interpersonal and pragmatic communication skills, individual and/or group psychotherapy, family support, and therapeutic work trials and placement to facilitate educational or vocational readiness.’ **Coordination:** NR**Disciplines:** NP, VT,; PT, OT if necessary**Components:** Cognitive group - 6 hrs/wk; individual cognitive remediation - 3 hrs/wk; communication and interpersonal skills group - 3 hrs/wk; applied skills group - 1 hr/wk; additional tailored therapies - variable/wk; therapeutic work trials – 1 day/wk; family involvement.**Therapy hours/week:** 15 hrs/wk**Duration:** 16 weeks**Total therapy hours:** 240 hours.**Manualized:** NR  **Staff Training:** NR **Fidelity Checks:** NR |
| **Standard Rehabilitation Program (SRP)****Theory/Model:** ‘conventional program’**Program Type:**Community-based day treatment program**Setting:** Postacute brain injury rehabilitation center (Suburban US)**Delivery:** Individuals progress through tailored treatments | **Description:** Treatment content and duration tailored to individual.**Coordination:** monitored by staff NP throughout course of treatment**Disciplines: primarily** NP, PT, OT, SLP; could also include RT, VT, E psychologic counseling**Components:** Tailored, typical patterns NR**Therapy hours/week:** 15 hrs/ wk initially, adjusted individually to range of 12 to 24 hr/ wk.**Duration:** 3.9 mo (mean)**Total therapy hours:** variable**Manualized:** NR  **Staff Training:** NR **Fidelity Checks:** NR |
| **Cicerone, 20081****Chronic Moderate to Severe TBI** | **Intensive Cognitive Rehabilitation Program (ICRP)****Theory/Model:**Berquist 1994; Holistic neuropsychological rehabilitation (Ben-Yishay and Gold 1990)**Program Type:**Day treatment program**Setting:** Suburban postacute brain injury rehabilitation center (US)**Delivery:** Peer groups progress through program together. | **Description: Integrated treatments for c**ognitive deficits, interpersonal and behavioral difficultings, functional skills within therapeutic environment. Meta-cognition, emotional regulation, compensatory approaches emphasized. Weeks grouped by themes. **Coordination:** **Disciplines:** NP, primary therapist**Components:** Cognitive group - 6 hrs/wk; communication and interpersonal skills group - 3 hrs/wk; life skills group - 2 hr/wk; individual therapy - 3 hrs/wk, individual NP treatment 1 hr/wk.**Therapy hours/week:** 15 hr/wk**Duration:** 16 weeks**Total therapy hours:** 240**Manualized:** NR  **Staff Training:** NR **Fidelity Checks:** Yes |
| **Standard Neurorehabilitation Program (STD)****Theory/Model:**Comprehensive , interdisciplinary day treamtment program (Malec 1996Berquist 1994**Program Setting/Type:**Day treatment program **Setting:** Postacute brain injury rehabilitation center (Suburban US)**Delivery:** Individuals progress through tailored treatments | **Description:** Individual, discipline-specific therapies targeting specific deficit areas designed to be responsive to stage and rate of recovery after TBI. Restorative strategies.**Coordination:** Followed by NP.**Disciplines:** NP**,** Psych,PT, OT, SLP, RT, VT, EC**Components:** Amounts and combinations of therapies varied. Most participants:individual NP treatment – 1 hr/wk; Participants could receive psychological counseling – 1 hr/wk, RT, VT, or educational counseling – 1 hr/wk; group therapy limited to 3 hrs/wk**Therapy hours/week:** 15**Duration:** 16 weeks**Total therapy hours:** 240.**Manualized:** NR  **Staff Training:** NR **Fidelity Checks:** Yes |
| **Greenwood, 19944** **Severe TBI** | **Case Management****Theory/Model:**Case management model established by authors in previous papers; “assertive” or “clinical” case management elements developed by Holloway for mentally ill**Program Type:**Pro-active case management**Setting:** 4 general hospitals and 2 university teaching hospitals**Delivery:** Home-based outreach | **Description:** Early (within 7 days of injury) case management program which served as facilitator rather than therapeutic role, recruiting services for patient from a variety of agencies. **Coordination:** Case manager**Disciplines:** Physiotherapy, occupational therapy, speech therapy, psychology, social work**Components:** Determining patient needs and recruiting services based on these needs**Therapy hours/week:** NR**Duration:** NR; outcomes reported at 6, 12, and 24 months**Total therapy hours:** NR**Manualized:** Yes, described in detail in previous publication  **Staff Training:** NR **Fidelity Checks:** NR |
| **Control****Theory/Model:** NR**Program Type:**Standard rehabilitation**Setting:** 4 general hospitals and 2 university teaching hospitals**Delivery:** N/A | **Description:** Patient given standard rehabilitation without case management**Coordination:** NR**Disciplines:** Physiotherapy, occupational therapy, speech therapy, psychology, social work**Components:** NR**Therapy hours/week:** NR**Duration:** NR, outcomes reported at 6, 12, and 24 months**Total therapy hours:** NR**Manualized:** NR  **Staff Training:** NR **Fidelity Checks:** NR |

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| **Hashimoto, 200610****Moderate to Severe TBI comprehensive treatment of varying intensities** | **Comprehensive Day Treatment program****Theory/Model:** Positivist-behavioral**Program Type:**Comprehensive**Setting:** Rehabilitation hospital**Delivery:** Group | **Description:** Group sessionsfocusing on enhancing individual’s quality of life by teaching useful and effective behaviors and by redesigning patient’s environment to help achieve goals.**Coordination:** All staff members**Disciplines:** Physical, social work, psychology, speech, vocational, “gymnastics,” occupational, welfare**Components:** **Therapy hours/week:** 4 sessions/day for total of 4hrs/day for 6 months**Duration:** 6 months**Total therapy hours:** NR**Manualized:** NR  **Staff Training:** NR **Fidelity Checks:** NR |
| **Comprehensive Day Treatment program****Theory/Model:** Positivist-behavioral**Program Type:**Comprehensive**Setting:** Rehabilitation hospital**Delivery:** Group | **Description:** Group sessionsfocusing on enhancing individual’s quality of life by teaching useful and effective behaviors and by redesigning patient’s environment to help achieve goals.**Coordination:** All staff members**Disciplines:** Physical, social work, psychology, speech, vocational, “gymnastics,” occupational, welfare**Components:** N/A**Therapy hours/week:** 4 sessions for total of 2 hrs/day, twice weekly**Duration:** 4 months**Total therapy hours:** NR**Manualized:** NR  **Staff Training:** NR **Fidelity Checks:** NR |
| **Comprehensive Day Treatment program****Theory/Model:** Positivist-behavioral**Program Type:** Comprehensive**Setting:** Rehabilitation hospital**Delivery:** Group | **Description:** Group sessionsfocusing on enhancing individual’s quality of life by teaching useful and effective behaviors and by redesigning patient’s environment to help achieve goals.**Coordination:** All staff members**Disciplines:** Physical, social work, psychology, speech, vocational, “gymnastics,” occupational, welfare**Components:** Giving information, mentoring, goal-setting, reassurance, modeling problem-solving, referral to community resources, triaging to regional or tertiary center if local resources unavailable**Therapy hours/week:** 4 sessions for total of 2 hrs/day, twice weekly**Duration:** 3 months**Total therapy hours:** NR**Manualized:** NR **Staff Training:** NR **Fidelity Checks:** NR |
| **Comprehensive Day Treatment program****Theory/Model:** Positivist-behavioral**Program Type:** Comprehensive**Setting:** Rehabilitation hospital**Delivery:** Group | **Description:** Group sessionsfocusing on enhancing individual’s quality of life by teaching useful and effective behaviors and by redesigning patient’s environment to help achieve goals.**Coordination:** All staff members**Disciplines:** Physical, social work, psychology, speech, vocational, “gymnastics,” occupational, welfare**Components:** N/A**Therapy hours/week:** 4 sessions for total of 2 hrs/day, twice weekly**Duration:** 4 months**Total therapy hours:** NR**Manualized:** NR  **Staff Training:** NR **Fidelity Checks:** NR |
| **Ponsford, 20065****Postacute moderate to severe TBI** | **Community-based therapy programme (CT)****Theory/Model:** NR**Program Type:**Community-based group therapy**Setting:** Epworth Rehabilitation Programme (Australia)**Delivery:** Tailored to individaul | **Description:** Access and conduct therapy in the home, workplace or community setting with active involvement of TBI individual, relatives and other s.**Coordination:** NR**Disciplines:** several disciplines; referrals made to local services; a significan number of patient do attend regular physiotherapy sessions at the rehabilitation center..**Components:** Identification of important roles, goal setting, assessment of strengths and weaknesses, impairments and disabilities to be overcome to achieve goals. Therapies delivered in relevant setting. **Therapy hours/week:** NR, but most patients seen by a given therapist once a week or less**Duration:** NR**Total therapy hours:** NR.**Manualized:** NR  **Staff Training:** NR **Fidelity Checks:** NR |
| **Hospital-based outpatient rehabilitation** (historical)**Theory/Model:** NR**Program Type:**Hospital-based outpatient**Setting:** Epworth Rehabilitation Programme (Australia)**Delivery:** Tailored to individual | **Description:** Group social communication skills training to improve pragmatic language skills, social behaviors and cognitive abilities**.****Coordination:** NR**Disciplines:** NR**Components:** domain specific therapies and group sessions, visits to home, work, shopping, domestic activities. **Therapy hours/week:** NR**Duration:** NR**Total therapy hours:** NR**Manualized:** NR  **Staff Training:** NR **Fidelity Checks:** NR |
| **Powell, 200214****Chronic Severe TBI** | **Outreach****Theory/Model:** NR**Program Type:**Multidisciplinary Outreach**Setting:** Homes or community settings –organized through Homerton Hospital (London)**Delivery:** Tailored to individual  | **Description:** a goal planning framework for delivering rehabilitation through individualized retraining delivered through community –based services. **Coordination:** led by a clinical NP**Disciplines:** OT, PT, S:P, psych, SW**Components::** Individual sessions, 2/week**Therapy hours/week:** 2-6 hours/week**Duration:** 6-12 weeks for goal setting/assessment; After initial assessment period, individuals seen for 27.3(sd=19.1) weeks for treatment**Total therapy hours:** NR**Manualized:** NR  **Staff Training:** NR **Fidelity Checks:** NR |
| **Information****Theory/Model:** NR**Program Type:**Information**Setting:** Home - organized through Homerton Hospital (London)**Delivery:** Home visit & Standard booklet | **Description:** One home visit by therapist who gave patient specially collated booklet listing resources and highlighting those relevant to patient’s needs.**Coordination:** NR**Disciplines:** team therapist**Components:** Individual session, education**Therapy hours/week:** 0**Duration:** 1 visit**Total therapy hours:** 1**Manualized:** NR  **Staff Training:** NR **Fidelity Checks:** NR |
| **Prigatano, 19849****Chronic Severe Closed Head Injury Patients** | **Neuropsychological Rehabilitation Program (NRP)****Theory/Model:** Milieu based programs (Ben-Yishay 1982, Rosenbaum et al., 1978)**Program Type:**Hospital-based outpatient**Setting:** Presbyterian Hospital (Oklahoma City, US)**Delivery:** Peer groups progress through treatments | **Description:** Intensive, coordinated treatment emphasizing awareness and acceptance of impairments; cognitive retraining of select residual deficits and the development of compensatory skills. **Coordination:** NR**Disciplines:** NP, SLP, OT, PT, psychologist**Components:** Small group and individual sessions**Therapy hours/week:** 24**Duration:** 6 mo.**Total therapy hours:** 576**Manualized:** Yes  **Staff Training:** NR **Fidelity Checks:** NR |
| **Untreated** |  |
| **Prigatano, 19947****Chronic Moderate to Severe TBI with adequate potential to return to work** |  **Neuropsychological Rehabilitation Program (NRP)****Theory/Model:** Intensive holistic cognitive rehabilitation/milieu program  **(**Ben-Yishay et al., 1985) Neuropsychological rehabilitation (Ben-Yishay, et al., 1987)**Program Type:**Work Re-entry program**Setting:** Adult Day Hospital for Neurological Rehabilitation, Saint Joseph’s Medical Center (Phoenix, AZ)**Delivery:** Peer groups progress through treatment | **Description:** A series of interdisciplinary therapies embedded in a milieu program thet emphasizes a holistic approach. Teadching patienst to be part of a small communityencouraging cooperation and responsibility. Simulated natural setting. Individual learns along with othes. TBI patients who underwent a specialty rehabilitation program; after 6-8 weeks of therapy, patients were integrated into 15-20 hours of work per week**Coordination:** NR**Disciplines:** PT, OR, SPL, cognitive therapy**Components:** individual therapies depending upon needs, individual psychotherapy, daily group psychotherapy, ‘simulated’ community interaction, protected work trial.**Therapy hours/week:** 24**Duration:** 6 mo.**Total therapy hours:** approximately 576**Manualized:** No  **Staff Training:** NR **Fidelity Checks:** NR |
|  | **Untreated (historical)** |  |
| **Rattok, 19928****Cognitive remediation** | **Treatment 1 - Balanced****Theory/Model:**Ben-Yishay**Program Type:**Balanced**Setting:** Outpatient rehabilitation center**Delivery:** Small group | **Description:** Balanced package that included training to alleviate attentional disorders, individualized cognitive remediation, small-group interpersonal communication exercises, therapeutic community activities, and personal counseling functions. Remediative cognitive training included.**Coordination:** NR**Disciplines:** NR**Components:** Individual and small-group counseling**Therapy hours/week:** 5hr/day, 4 days/week**Duration:** 20 weeks**Total therapy hours:** 200**Manualized:** NR **Staff Training:** NR **Fidelity Checks:** NR |
| **Treatment 2 - Interpersonal****Theory/Model:** Ben-Yishay**Program Type:** Small-group, interpersonal**Setting:** Outpatient rehabilitation center**Delivery:** Small group | **Description:**  Training in attention, community activities, and personal counseling; no individualized counseling; emphasis on small-group interpersonal exercises**Coordination:** NR**Disciplines:** NR**Components:** Group work**Therapy hours/week:** 5hr/day, 4 days/week**Duration:** 20 weeks**Total therapy hours:** 200**Manualized:** NR **Staff Training:** NR **Fidelity Checks:** NR |
| **Salazar, 20003**Moderate to Severe Closed head injury among active duty military personnel | **Inpatient Cognitive Rehabilitation****Theory/Model:** Milieu-oriented approach modified to fit military framework (Prigatano 1994 Prigatano 1989); intergrated work therapy (Ben-Yishay 1987, Burke 1988)**Setting:** minimum care hospital ward, Walter Reed Army Medical Center (Washington, DC)**Delivery:** Peer groups progress through treatmen | **Description:** In a military milieu, physical fitness training and group and individual cognitive, speech, occupational, and coping skills therapies conducted with integrated work therapy coordinated to simulate patient’s previous work or military specialty**Coordination:** Physiatrist**Disciplines:** Neuropsychology, occupational therapy, speech pathology, physical therapy, neurological and psychiatric consultation**Components:** Group and individual**Therapy hours/week:** NR**Duration:** 6 wks.**Total therapy hours:** NR**Manualized:** Yes  **Staff Training:** NR **Fidelity Checks:** Intermittent reviews and continuing education |
| **Home rehabilitation****Theory/Model:** NR**Program Type:** Home-based postacute rehabilitation**Setting:** Home**Delivery:** Visits and phone calls from psychiatric nurse. | **Description:** Patients received TBI education and individual counseling from a psychiatric nurse and were given educational materials and recommended strategies for enhancing cognitive and organizational skills. included **Disciplines:** psychiatric nurse**Components: Trained to in various home number and** card games; encouragement to read and watch news programs, resumed daily physical exercise at their own pace.**Therapy hours/week:** .5 h/wk**Duration weeds:** 8 weeks**Total therapy hours:** NR**Manualized:** Yes **Staff Training:** NR **Fidelity Checks:** NR |
| **Sarajuuri, 20056****Chronic Moderate to Severe TBI** | **INSURE Program****Theory/Model:** Neuropsychologic rehabilitation and psychotherapy (Ben-Yishay 1987 ; Ben-Yishay 1985 Christensen 1992, Prigatano 1986)**Program Type:** Residential Neuropsychologic rehabilitation**Setting:** Kapyla Rehabilitation Centre (Helsinki, Finland)**Delivery:** Peer groups progress through treatment | **Description:** Postacute, interdisciplinary, 6-week, inpatient neuropsychologic rehabilitation and psychotherapy. Therapeutic alliance is emphasized. Compensatory techniques, **Coordination:** NR**Disciplines:** NP, neurologist, rehabilitation nurse, SW, SPL, OT, PT**Components:** Cognitive group – 2 session/wk, pragmatic group – 1 session/wk, pictures of self group – 1 session/ wk, quality of life group – 1 session/ wk, sport, relaxation, and jogging group – 1 session/ wk; 2-day seminar with participation from family, employers, public health professionals to plan remaining 2 wks of program; supported and individually tailored vocational interventions.**Therapy hours/week:**  37.5 **Duration weeks:** 6 weeks**Total therapy hours:** 225**Manualized:** Yes  **Staff Training:** NR **Fidelity Checks:** NR |
| **Conventional Rehabilitation****Theory/Model:** NR **Program Type:** As referred by physician**Setting:** Recruited from Department of Neurosurgery, Helsinki University Central Hospital, Level 1 Trauma Center**Delivery:** As referred by physician | **Description:** Conventional clinical care and rehabilitation in local healthcare system. Rehabilitation services individually tailored and delivered in an unstructured and nonsystematic way.**Coordination:** NR**Disciplines:** Such as PR, PR SLP, NP and psychotherapy**Components:** NR**Therapy hours/week:** NR**Duration:** NR**Program total therapy hours:** NR**Manualized:** No **Staff Training:** No **Fidelity Checks:** No |
| **Semlyen, 199816****Postacute Severe TBI** | **Multidisciplinary rehabilitation****Theory/Model:** NR**Program Type:** Residential Neuropsychologic rehabilitation**Setting:** Hunters Moor Regional Rehabilitation Centre (Newcastle upon Tyne, UK)**Delivery:** Coordinated, multidisciplinary rehabilitation delivered individually | **Description:** Coordinated multidisciplinary approach that could include Inpatient, outpatient or home-based services delivered by multidisciplinary team with TBI specialization and coordinated patient goal setting with patient, team, and family members. Weekly review of goals.**Coordination:** NR**Disciplines:** nursing, PT, SLP, OT, clinical psychology, rehabilitation medicine, counseling, social work**Components:** individualized, daily**Therapy hours/week:** NR**Duration:** 201.0±144.12 (mean days±SD); **Total therapy hours:** NR**Manualized:** NR  **Staff Training:** NR **Fidelity Checks:** NR |
| **Single discipline approach****Theory/Model:** NR**Program Type:** variable**Setting:** settings other than Hunters Moor Regional Rehabilitation Centre (Newcastle upon Tyne, UK)**Delivery:** variable, but independatn for each Individual | **Description**: Less coordinated, single discipline approaches including inpatient and outpatient rehabilitation and could be only physiotherapy delivered for 1 hour once a week or several therapies providing input several times a week.**Coordination:** NR**Disciplines:** NR**Components**: variable**Total therapy hours/week:** NR**Program Duration:** 111.80±175.17 (mean days±SD)**Total therapy hours:** NR**Manualized:** NR  **Staff Training:** NR **Fidelity Checks:** NR |
| **Thomas, 200415****Adjustment to Acquired Brain Injury** | **Potential Unlimited Program (PUP)****Theory/Model:**Simpson, 1996; Understanding, Re-integrating identity, acceptance, restructuring**Program Type:**Outward Bound**Setting:** Community, Outward Bound course (Australia), patient home**Delivery:** Mixed | **Description:** Three stage program consisting of 1)Group fundraising, 2)9-day Outward Bound “Discovery” course adapted to accommodate patients’ needs, 3)Follow-up group work to transfer insights from program to key areas of psychosocial functioning**Coordination:** NR**Disciplines:** NR**Components:** Goal setting, group work, physical activities**Therapy hours/week:** Stage 1 = NR, Stage 2= 9 days, Stage 3 = 2 hours every other week for 3-4 months**Duration:** NR**Total therapy hours:** NR**Manualized:** Outward Bound portion (Stage 2) **Staff Training:** NR **Fidelity Checks:** NR |
| **Control****Theory/Model:** NR**Program Type:**NR**Setting:** NR**Delivery:** N/A | **Description:** Matched patients who had expressed initial interest in the PUP but were unable to participate**Coordination:** NR**Disciplines:** NR**Components:** NR**Therapy hours/week:** NR**Duration:** Assessments taken at same time points as PUP group**Total therapy hours:** NR**Manualized:** NR  **Staff Training:** NR **Fidelity Checks:** NR |

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| **Vanderploeg, 20082****Postacute Moderate to Severe TBI in veterans or active duty military personnel**] | **Cognitive didactic treatments inpatient TBI rehabilitation****Theory/Model: Cognitive-didactic treatments** (Sohlberg & Mateer 1986, 1989, 2001)**Program Type:** Residential postacute rehabilitation center**Setting:** Four VA inpatient postacute rehabilitation centers**Delivery:** Individual in person | **Description:** Emphasized explicit learning in an environment permitting and encouraging errors to assist clients to develop cognitive self-awareness. Targeting specific cognitive processes. Targeted 4 cognitive domains (attention, memory, executive function, and pragmatic communication) using trial-and-error learning approach to address patient self-awareness. Directly rehabilitating the cognitive deficits that underlie most functional TBI deficits to result in a generalized functional improvement.**Coordination:** Physiatrist**Disciplines:** Rehabilitation nurses, PT, PR, rehabilitation counseling, patient and family education, psychologic or SW support services,Occupational therapy, physical therapy, speech/cognitive/language therapy, neuropsychology**Components:** 7.5-15 hrs/wk cognitive didactic treatment integrated into essential CARF standard of care interdisciplinary rehabilitation. Memory notebooks.**Therapy hours/week:**  21.5-30 hrs/wk**Duration:** 32.2(±12.2) days**Total therapy hours:** NR; continued until clinically judged ready for discharge or 60 days**Manualized:** No **Staff Training:** Yes **Fidelity Checks:** Yes |
|  | **Functional-experiential treatments within inpatient TBI rehabilitation****Theory/Model:** Functional treatment concepts (Giles1993, 1999, 2006; Hartley 1995)**Program Type:** Residential postacute rehabilitation center**Setting:** Four VA inpatient acute rehabilitation centers**Delivery:** Groups in natural settings | **Description:** Real life performance situations and common tasks to remediate or compensate forfucntional deficits Learning-by-doing functional daily activities using an errorless treatment strategy incorporating therapist direction and structure to complete components of gradually more complex tasks; did not entail explicit awareness or learning, but rather emphasized mothor and other forms of implicit learning.**Coordination:** Physiatrist**Disciplines:** Occupational therapy, physical therapy, speech/cognitive/language therapy, neuropsychology**Rehab Goals:** To use real-life performance situations and common tasks to remediate or compensate for functional deficits**Components:** 7.5-15 hrs/wk functional-experimental treatment integrated into essential CARF standard of care interdisciplinary rehabilitation. Memory notebooks.**Therapy hours/week:** 21.5-30 hrs/wk **Duration:** 33.3(±13.6) mean (std dev) days**Total therapy hours:** NR; continued until clinically judged for discharge or until 60 days**Manualized:** No **Staff Training:** Yes **Fidelity Checks:** Yes |
| **Willer, 199912**Postacute severe brain injury with multiple disabilities | **Community-based residential rehabilitation****Theory/Model:** Cognitive rehabilitation and community readaptation (Fryer 1987)**Program Type:** Residential postacute rehabilitation program**Setting:** homelike residential (Canada)**Delivery:** Individuals | **Description:** TBI subjects who received postacute, community and residential-based rehabilitation**Coordination:** NP**Disciplines: MD, PT, OT, SPL,** paraprofessionals**Components:** NR**Therapy hours/week:** NR**Duration:** ≥ 1 year (up to 3 years)**Total therapy hours:** NR**Manualized:** No **Staff Training:** Yes **Fidelity Checks:** No |
|  | **Home-based rehabilitation services****Theory/Model:** NA**Program Type:** varies**Setting:** Home and outpatient sevices**Delivery:** Individuals | **Description:** A highly variable range of home-based or outpatient services. **Coordination:** NR**Disciplines:** occupational and physical therapists, neuropsychology, case management , andnursing services**Components:** NR**Total therapy hours/week:** NR**Program Duration:** ≥ 1 year (up to 3)**Total therapy hours:** NR**Manualized:** No **Staff Training:** Yes **Fidelity Checks:** No |