

Memory Compensations

Tedd Judd, Ph.D., Hispanic Neuropsychological Society

Evaluating the need for memory compensations

What are the functional activities the amnesia prevents?

Which compensations are appropriate to serve that function (see menu)?

Make them natural (transparent), so that their use is obvious and reminds the person of the goal.

Make them accessible at 3 levels:

Physical

- Carrying size,
- Fit in the person's pocket, purse, fanny pack, etc.
- Easily within reach
- Easy for the person to open, write, type, use
- Pen is accessible

Sensory

- Large enough to read, see, and find
- Located where it will be used
- Color coding?
- Can the person hear the alarm?

Cognitive

- Accessible vocabulary
- Can the person learn the use?

Make them acceptable:

- Don't label the person.
- Personalize them (favorite colors, pictures, expressions, styles, heros).
- Make them attractive.

Memory Compensation Menu

Memory Book: possible sections:

- Orientation (personal information)
- Event calendar
- Things to do list
- Daily schedule
- Diary (memory log, feelings)
- Directory (names, addresses, phone, relationship)
- Family (names, relations, ages, residence, photos)

- Medications (names, purposes, schedule)
- Transportation (directions to important places, bus schedules, maps)
- Work
- Finances
- Shopping lists
- Cue cards
- Procedures for important activities
- List of Strengths, Problems, Strategies, and Goals, or other rehabilitation plan
- Therapy notes
- Progress charts
- Life history with time line, photos, etc. (for people with retrograde amnesia)
- Educational handouts
- Affirmations and quotations
- Messages of support from others, get well cards

Electronic aids:

- Personal Digital Assistant (Palm Pilot)
- Calculator
- Key alarm
- Digital recorder
- Alarms
- Timer
- Computer
- Dictionary/thesaurus
- Cellular phone
- Beeper
- Watch with:
 - Multiple alarms
 - Countdown timer
 - Hour chimes
 - Data base

Organize space

- Paperwork
- Tools
- Personal belongings
- Pill calendar
- Kitchen
- Desk
- Workshop

Organize time

- Daily schedule or routine

- Weekly schedule
- Chaining or sequencing tasks and activities (e.g., take medicine with meals)

Labelling (choose the best label--written, picture, color)

- Cabinets
- Drawers
- Files
- Closets
- Keys (colored jackets)

Written directions

- Cookbook
- Using machines (washer, microwave, VCR, workplace machines)
- Errands
- Shopping lists
- Routines for getting up, bedtime, leaving the house, closing up the workplace
- Computer procedures
- Work routines
- Finding the way:
 - o Maps
 - o Written directions (on foot, bus, taxi, driving)

Special events

- Camera
- Tape recorder
- Video
- Taking notes

Other people

- Set-up and review of organizing systems
- Daily review
- Cueing
- Fall-back
- Asking for help

Training

The clinician is responsible for the success of the system.

Train by doing, not by telling.

Train without errors.

Training takes repetition, practice, and generalization.

Training takes time--up to 6 months for independent memory book use.

Do it the old way (that the person is used to) unless there is good reason to change.

Continuum of responsibility-- Stages:

Clinician writes and reads

- Clinician writes, person dictates, they read together
- Person writes and reads with supervision and cueing
- Person writes and reads with periodic checking
- Independent

4 Stages of Training:

- Familiarize
- Train use
- Generalize
- Fade cues

Source: Hispanic Neuropsychological Society. Used with permission. <http://hnps.org>

[Tedd Judd, PhD](#), Tedd Judd, PhD is adjunct clinical faculty in psychology, University of Washington and adjunct faculty in psychology, Seattle Pacific University. Much of his work has focused on traumatic brain injury rehabilitation.