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Description of Attention Process Training I and II

What Type of Attention is Addressed?

The APT is a structured program of attention training consisting of five different tracks, corresponding to a hierarchically-organized, clinical theory of attention. This theory states that there are five major types of attention: focused, sustained, selective, alternating, and divided.

Is There Research on Attention Process Training?

This approach to the treatment of attention deficits has been empirically validated in a study by Sohlberg et al. (2000), in which the authors compared the efficacy of APT with that of brain injury education. They found APT to enhance performance on a number of functional tasks and neuropsychological measures of executive attention and working memory. Subjects also showed gains in self reported attention ability.

What's the difference between APT-I and APT-II?

APT-I is for patients with significant impairment, and APT-II for those whose impairments are less severe.

Does the program include assessment?

The initial stage of APT training focuses on a thorough assessment of the problem. Assessment can involve either formal neuropsychological testing, self-report measures, or behavioral rating scales. The goal is to identify the specific type of attention impairment (i.e., focused, sustained, selective, alternating, divided), as well as the tasks at home, work, or in the community that will be targeted for generalization.

The APT-II includes a brief test of attention, the Attention Process Training Test. It also includes a structured questionnaire and attention rating scales. The APT-II Attention Questionnaire explores the presence of deficits in the different areas of attention, and can be used to inform the creation of an individualized training plan. Another measure, the Attention Log, can be used by patients or clinicians to record breakdowns or successes in attention activities, both initially in the assessment phase and throughout the course of therapy.

What does the APT Test cover?

The APT Test will identify which of the five areas of attention are functioning sub-optimally. Treatment should initially focus on the most fundamental or basic area of attention in which a person has difficulty. Each of the five tracks in the APT training corresponds to one of the five types of attention impairment. Within each of these tracks are a number of separate exercises and tasks arranged hierarchically in order of difficulty. Patients will work in the tracks that reflect their particular deficits and generally begin with those tasks that are most elementary. As they experience success, they proceed to tasks that are more complex.

Can APT be used with a group?

Treatment is highly individualized and is difficult to apply in a group setting. In addition, within each of the five tracks, there may be some trial and error in choosing tasks and schedules, and the patient's performance will provide the data necessary to tailor an individualized program.

What measure are used for scoring?

The APT program uses a variety of quantitative and qualitative measures along with the appropriate scoring and documentation forms. Quantitative measures record the accuracy, speed, or level of cueing needed for task completion. Qualitative measures assess various clinical impressions including specific patterns of errors, patient factors that could impact or reflect performance (e.g. fatigue, depression, anxiety, pain, distractibility, etc.), and/or environmental factors (e.g. noise, temperature, interruptions, etc.). As patients improve, either quantitatively or qualitatively, they can progress to more difficult tasks within the targeted tracks.

What about generalization?

APT focuses on generalization through training, with particular emphasis on transferring strategies to novel contexts in the final stage of treatment. In the manual, the authors provide very useful information on generalization strategies in attention, and, in fact, recommend planning for generalization tasks even before therapy begins (Sohlberg et al., 2001).

The authors offer guidelines for designing generalization activities for each of the identified areas of impairment. To set up a generalization program, they recommend initially observing function in naturalistic settings to assess baseline performance. These observations enable the clinician to select generalization tasks which address the area of impaired attention. In therapy sessions, the patients work on discrete APT tasks in each of their targeted areas.

Note: This information includes excerpts from the chapter on *Rehabilitation for Impairments of Attention*. Found in Haskins, E. *Cognitive Rehabilitation Manual: Translating evidence-based recommendations into practice*. Brain Injury-Interdisciplinary Special Interest Group, American Congress of Rehabilitation Medicine.