Scope of Practice for Cognitive Rehabilitation Therapy

Information for Third Party Payers

Background  The mission of the Society of Cognitive Rehabilitation (SCR) is to foster high standards of ethical and professional practice in the delivery of services through a recognized, credible credentialing program that assures the competency of cognitive rehabilitation therapists. The SCR developed and adopted the Scope of Practice to provide certified therapists and members of the general public, including consumers, other health care professionals, and State and Municipal Regulatory Agencies or Boards with a clear statement of the level of practice afforded to the public. The Scope of Practice ensures those obtaining services from practitioners who have attained the credential, CPCRT (Certified in the Practice of Cognitive Rehabilitation Therapy), possess high standards of practice for the profession and are committed to upholding those standards. The Scope of Practice is also meant to assist members of the general public with understanding the duties and responsibilities of therapists certified in cognitive rehabilitation therapy (CRT).

Preface  The Scope of Practice for Cognitive Rehabilitation Therapy contains requirements for the cognitive rehabilitation therapy practitioner in the delivery of cognitive rehabilitation therapy services that are client centered and interactive in nature. The Society for Cognitive Rehabilitation certifies a broad range of professionals involved in the assessment and treatment of individuals with neurological and/or psychiatric disturbances. Further information about the certification process can be found on the SCR website: [http://www.societyforcognitiverehab.org/membership-and-certification/about-cognitive-rehab-certification.php](http://www.societyforcognitiverehab.org/membership-and-certification/about-cognitive-rehab-certification.php). Cognitive evaluations are conducted by any individual who possesses the necessary training/certification to administer and interpret standardized cognitive assessments consistent with CRT standards as well as the accepted standards of their respective professions. This document identifies minimum standards for therapists certified in cognitive rehabilitation therapy.

Cognitive rehabilitation therapy services include, but are not limited to:

1. **The provision of direct, indirect and/or consultative services** to a client affected with neurologic or psychiatric disease to improve, remediate and/or present loss of cognitive/behavioral functioning and to promote wellness. Client refers to any individual suffering from a traumatic, acquired or congenital neurologically/ psychiatrically based disturbance that interferes with the management of their everyday routines and responsibilities.

2. **The Evaluation**, which involves obtaining and interpreting data necessary for understanding the individual, system, or situation. This is achieved through the
administration of standardized and/or non-standardized assessments to include questionnaires, psychometric testing, structured interviews, history taking and clinical observations of a client’s behavior during actual testing procedures. The purpose of the evaluation is to identify areas of functional abilities and limitations in the client’s management of their everyday routines and responsibilities. Areas which may be assessed include attention, awareness, memory, vision, perception, language, information processing, thought organization, motor skills, learning, executive functions, and behavior, as is necessary to make decisions about which treatments/interventions are necessary to facilitate maximal independence in the management of the client’s everyday routines and responsibilities in the least restrictive (home/community) setting.

3. **The Interpretation of the results of the evaluation as outlined above.** This includes scoring the test procedures; interpretation of the various tests separately and simultaneously; diagnostic formulation; development of treatment recommendations; and a written report of the patient history, behavioral observations, test findings and interpretation, and treatment recommendations, including the need for intervention and/or potential change in the intervention plan.

4. **The development of a Treatment Plan**, as a direct result of the evaluation and interpretation conducted by the Cognitive Rehabilitation Therapist, in collaboration with the client, the client’s family when applicable, and related medical, health, educational or social agencies or professionals. The cognitive rehabilitation treatment plan may include referral for supplemental assessment/intervention by related medical, health, education or special education services or social agencies or professionals as deemed necessary by the Cognitive Rehabilitation Therapist. The Cognitive Rehabilitation Therapist collaborates with the interdisciplinary team, when applicable, to promote generalization of cognitive skills across all environments in which the client functions.

5. **Intervention**, including the development and utilization of, and education and training in, functionally oriented therapeutic cognitive activities while maintaining an understanding of the person’s behavioral deficits. Services are directed to achieve functional changes by:
   
   a. Reinforcing, strengthening or establishing previously learned patterns of behavior/performance, or
   
   b. Establishing new patterns of cognitive activity or mechanisms to compensate for impaired/compromised neurological systems.

6. **Documentation** of services rendered is to be entered into the client record to ensure that clients receive appropriate, comprehensive, efficient and effective quality of care during provision of services.

7. **Re-assessment** by the Cognitive Rehabilitation Therapist at regular intervals to monitor progress and adjust intervention plans, when indicated.

8. **Discontinuation/Discharge** planning to include management and coordination of appropriate community services, patient/caregiver education, provision of home programs, and follow-up/re-assessment as is clinically indicated to monitor progress and/or need for future intervention.