

INTELLECTUAL OUTPUT CHARACTERIZATION FORM

Cognitive Rehabilitation

I. TARGET-GROUP

Adult people with Neurodevelopmental Disorders with difficulties related to cognitive functions.

II. GENERAL OBJECTIVES

1. Support adults with autism spectrum disorder and/or other Neurodevelopmental Disorders, in the acquisition and development of essential skills, for participation in society, promotion of well-being and quality of life;
2. Cover an educational intervention (cognitive, emotional and relational);
3. Support significant others, family members, educators and technicians, expanding skills and intervention capacity.

III. SPECIFIC OBJECTIVES

1. Improve cognitive memory function
2. Improve the cognitive function of visual perception
3. Improve the cognitive function of logical reasoning
4. Improve the cognitive function of attention
5. Stimulate the handling of computer materials
6. Promote an improvement in the well-being and day-to-day Learner's experience.

IV. TECHNICIAN PROFILE

Technical Specialization

- Psychologist x
- Psychomotrist
- Social Educator
- Sociocultural Animator
- Occupational Therapist
- Arts Monitor
- Social Worker
- Assistant Technician

	<i>InAutism – Fostering Adult Integration</i>	MOD: 016/00
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V. PROCESS

Intellectual Product VI concerns Cognitive Stimulation. Cognitive stimulation concerns the use of a set of specific strategies to improve the functioning and performance of cognitive functions, providing an improvement in well-being and day-to-day experience.

We can intervene at the level of cognitive functions based on three types of strategies, i) remedial strategies, ii) compensatory strategies and iii) adaptive strategies.

In this sense, the intervention will be based on remedial strategies to work on the cognitive functions of attention, memory, perception and logical reasoning, contemplating exercises and tasks using PowerPoint as a digital tool, or the paper version of the same exercises.

The evaluation will be carried out based on the results obtained in the exercises carried out in the sessions. It is expected that the Model Evaluation Form will be completed in all sessions to assess the progress of the learners and the effectiveness of the intervention, and the final evaluation will be carried out comparing the initial and final results. While in the intervention at APPDA Leiria an analysis was made between the results obtained in the first and the last session, at AA Vigo the results of the first three sessions were compared with the results of the last three. In the Model's Evaluation Sheet there is an ordered list of the exercises performed in each session, with a dichotomous answer of “success” or “failure”.

There are a total of 14 individual sessions, lasting around 20 to 30 minutes each, in the context of an activity room. Each session includes 16 exercises, 8 at a beginner level and 8 at an intermediate level. Within each level, there are 2 exercises for each cognitive function to be worked on. In the total of 14 sessions, 224 exercises will be applied, 56 for each cognitive function.

Comparing the Portuguese and Spanish versions of BrainTime, slight differences can be observed in terms of the questions asked, related to the specificity of the learners and contexts in which they fit. With regard to these differences, examples are: use of more concrete images, simplification of statements, increased response time, use of logical sequences related to the daily life of learners.

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