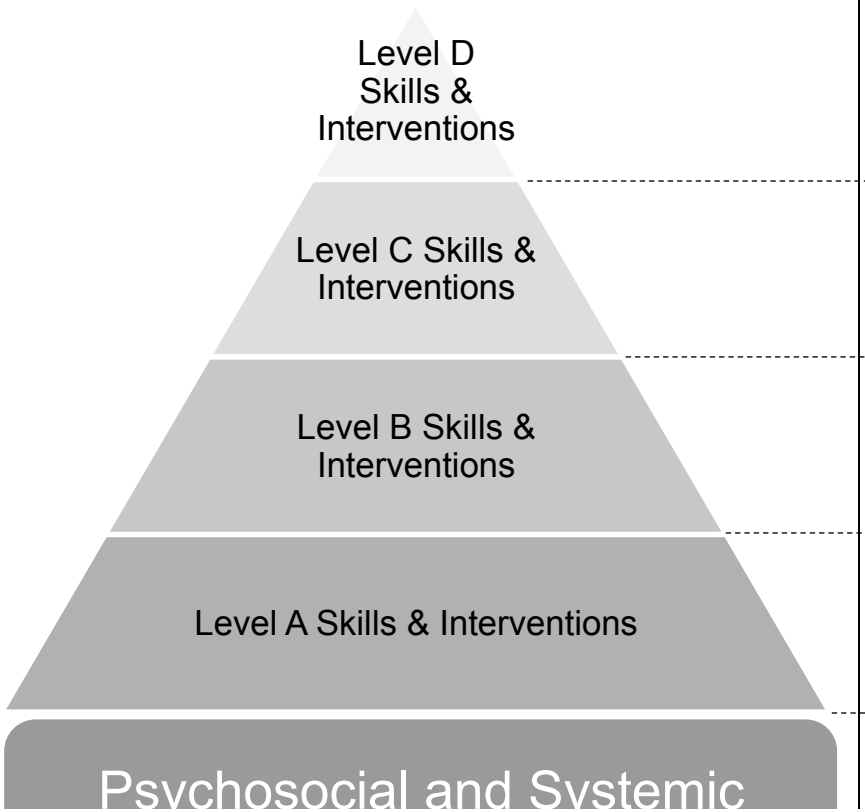
Figure 1 - Pediatric Neurocognitive Interventions Model




| Level | Cognitive Impairments | Intervention Aim | Examples of Interventions |
|---|---|---|---|
| D | Specific cognitive skills e.g. episodic memory, visual processing, language skills | Compensatory strategies to be used independently | Training in the use of e.g.; elaborative encoding, retrieval strategies, visual compensations |
| C | Evaluative skills e.g. metacognition, supervisory processes, and reasoning | Training to support general cognitive functioning | Training of e.g. goal management skills, prospective reminding, “stop and think” |
| B | Core skills e.g. working memory, inhibitory control, processing speed, and sequencing | Remediation of skills | Intensive practice e.g. working memory, attention process , and speed training |
| A | Semantic knowledge, adaptive functioning and specific cognitive skills (e.g. episodic memory) | Compensatory strategies, cued and supported by others | Providing techniques such as precision teaching, errorless learning, elaborative encoding and rehearsal |
| ***Psychosocial and Systemic Foundations*** - Supporting health needs, sensory impairments, pragmatic and social care issues (e.g. visual processing, diet, | | | |

Figure 2 – Using the Pediatric Neurocognitive Interventions Model within the Context of Children's Recovery and Long-term Development

Key: CABI – Child Acquired Brain Injury

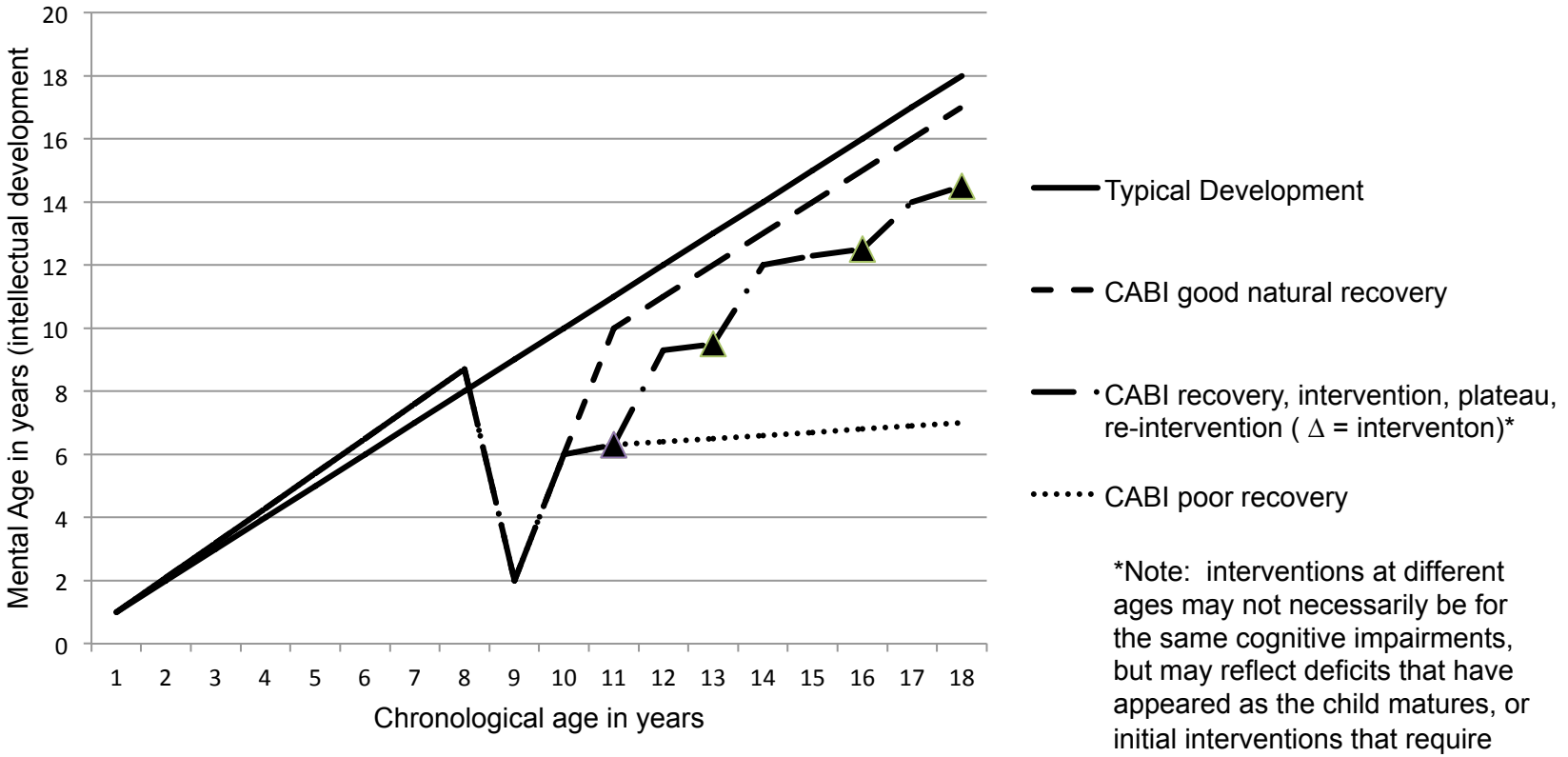



Figure adapted from Savage, 2007; North American Brain Injury Society conference