TATE: Training Assistive Technology in the Environment
Training Toolkit
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Why Use this Manual?

Following brain injury, using assistive technology for cognition (ATC) can be rewarding as well as challenging. ATC users, family members, and their trainers have a lot to say about it. Listen:

My smartphone has been a big help with staying organized and remembering what I need to do and when. Getting training on how to use the device was critical.
~Marcos, Purple Heart Recipient

After learning how to use my Tablet, I wrote a book!
~Eric, Survivor

I see the potential for assistive technology for my clients with brain injury, but don’t have much experience with technology myself and have no one to help me learn.
~Jill, Speech-Language Pathologist

My husband sustained a brain injury in an IED blast. He was given a PDA after being discharged from the military. I wonder if it is the best device for him. It just sits on the shelf collecting dust.
~Maria, Spouse
Acknowledgements

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Disclaimer

The TATE Toolkit is intended to support the assessment, training and routine use of assistive technology for cognition (ATC) in support of clients with brain injury achieving their personal goals. It does not cover all possible evidence-based practices, devices or applications (apps), nor endorse any specific device or app. Systematic ATC assessment and training should be specifically tailored to individual needs. No claim is made as to the suitability of any particular practice or idea contained in this Toolkit for any specific client. The materials are not meant to and cannot replace the specialized training and professional judgment of health care, rehabilitation, and mental healthcare professionals. Neither the Center on Brain Injury Research & Training (CBIRT) nor the University of Oregon (UO) will be liable for any possible harm arising from the use of these materials.

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Introduction to Table of Contents: Where Do I Start with the Toolkit?

The TATE Toolkit is designed for trainers of assistive technology for cognition (ATC) who work with individuals (clients) with cognitive challenges following brain injury. Each client, and each trainer who serves them, has different experiences and needs. Therefore, don’t feel you like to have read the Toolkit from front to back, nor use all parts of the Toolkit! Customize the use of the Toolkit to your situation. For example, it is not uncommon for speech-language pathologists and/or occupational therapists to work with a client on the Needs Assessment portions of the Toolkit, then turn over Training to family members/caregivers.

| Quick Guide to the Toolkit – Suggested Starting Points |
|-----------------|-----------|-----------|
| Your Circumstance | Section | Pages |
| **LIMITED TIME** |
| Do you have limited time to review the toolkit? | Training | 7-8, 36-39 |
| **EXPERIENCE WITH INDIVIDUALS WITH BRAIN INJURY** |
| Are you new to working with individuals with brain injury? | All sections | |
| Are you experienced in training clients with brain injury to use ATC but looking for more ideas/resources? | Training | 36-39 |
| Resources | 2-6 |
| **FAMILIARITY WITH ATC** |
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| Is your client new to ATC? | Needs Assessment | 1-30 |
| Is your client an experienced user of ATC but needs a bit more help? | Training | 34, 36-39 |
| **SEVERITY OF COGNITIVE CHALLENGES** |
| Does your client who wants to learn to use ATC have **moderate-severe** cognitive challenges? | Training | 1-27, 34-39 |
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| **TRAINING FAMILY MEMBERS** |
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