Compensatory Cognitive Training (CCT) – Research Guidelines

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CCT HISTORY AND BACKGROUND
Grants, publications, presentations and other scholarly material should accurately convey the following history of the development of CCT and related interventions:

[2001 – present]: As Lead Author, Dr. Elizabeth Twamley developed and collected efficacy data on a manualized cognitive rehabilitation program called Compensatory Cognitive Training (CCT) for Clients with Psychiatric Illness at the University of San Diego California (UCSD) and Cognitive Symptom Management and Rehabilitation Therapy (CogSMART) at the VA San Diego Healthcare System (VASHDHS). CCT has been used with adults with psychotic disorders and other conditions; CogSMART has been used primarily with Veterans with a history of traumatic brain injury (TBI).

The full references for these treatment manuals are:

Suggested publications on CCT for Clients with Psychiatric Illness include:


Suggested publications on CogSMART for TBI include:


[2007 – 2011]: As Lead Author, Dr. Marilyn Huckans developed and collected efficacy data on a manualized cognitive rehabilitation program called Cognitive Strategy Training (CST) at the VA Portland Health Care System (VAPORHCS) and Oregon Health & Science University (OHSU). Groups were run clinically for OIF/OEF Veterans with a history of traumatic brain injury (TBI) and current Cognitive Disorder NOS (mild cognitive symptoms); separate clinical groups also accepted adults from other service eras with Cognitive Disorder NOS, regardless of a history of TBI. Related pilot data established the preliminary efficacy of CST for OIF/OEF Veterans with a history of TBI and current Cognitive Disorder NOS.

- The full reference for the CST manual is:

- Preliminary efficacy data was included in the following publication:

[2008 – 2017]: Dr. Huckans’s pilot data and related publication from CST for TBI was used to support a subsequent VA Merit Review Award application (Daniel Storzbach and Elizabeth Twamley, Multiple Principal Investigators (MPIs); Marilyn Huckans, Co-Investigator). After the project was funded, original content from Dr. Huckans’s CST manual and Dr. Twamley’s CogSMART manual were combined and re-organized into a new treatment manual called “Compensatory Cognitive Training (CCT) for TBI”. Drs. Huckans and Twamley are the Lead Authors of CCT for TBI, and individuals who assisted with the revision are included as co-authors. Drs. Storzbach and Twamley (MPIs) then led the research team that established the
efficacy of CCT for TBI through a multi-site randomized controlled trial, and related data has now been published.

- The full reference for the current CCT for TBI manual is:

- Efficacy data is included in the following publication, as well as additional publications either published or in development:

[2011 – present]: Dr. Huckans completed a major revision of the CCT for TBI manual called “Motivationally Enhanced Compensatory Cognitive Training (ME-CCT)”. Among other changes, the revision incorporates brief motivational interviewing techniques/modules to increase behaviors associated with improved cognition (physical exercise, mental exercise, mindfulness exercises, and use of day planners/calendars) and to facilitate discussion of home exercises (i.e., elicit change talk); more frequent practice of mindfulness exercises as a way to improve cognition; new decision-making strategies that evaluate both short- and long-term consequences in order to reduce impulsivity. Dr. Huckans began running clinical groups and collecting pilot data using the new ME-CCT manual with two different populations – adults with mild cognitive impairment (MCI), and adults with addictions. Drs. Huckans and Twamley are the Lead Authors of the ME-CCT for MCI and ME-CCT for Addictions manuals, and the co-authors from the CCT for TBI manual have been retained as co-authors. Dr. Huckans’s ME-CCT for MCI pilot data was used to support a VA Merit Review Award application (Marilyn Huckans and Elizabeth Twamley, Multiple Principal Investigators (MPIs); Daniel Storzbach, Co-Investigator) that was ultimately funded and is currently in the start-up phase. Dr. Huckans continues to collect pilot data on the ME-CCT for Addictions manual and intends to apply for funding to support a future randomized controlled trial to evaluate its efficacy.

- The full reference for the ME-CCT for MCI manual is:
treatment manual. VA Portland Health Care System and Oregon Health & Science University, Portland, Oregon & VA San Diego Health Care System and University of California, San Diego, California.* Both authors contributed equally to this work as Lead/Corresponding Authors and have primary responsibility over its content.

- The full reference for the ME-CCT for Addictions manual is:

- A suggested publication for the review/background work that supported the development of ME-CCT for MCI is:

[2007 – present]: Individuals from around the globe have requested to use the CogSMART, CST, CCT, and ME-CCT manuals for clinical purposes. Various individuals are also using the manuals for research purposes with permission from the Lead Authors. For example, Dr. Maya O’Neil has collected some pilot data on telehealth administration of CCT for TBI, and she is collecting pilot data on the use of ME-CCT with adults with depression and PTSD. Individuals who use all or part of CCT related manuals for research or other purposes are expected to comply with guidelines outlined in this document, including when developing grants, presentations, manuscripts, new treatment manuals, and other works.

**CCT MANUALS**

**Lead Authors**

"Lead Authors" are the authors who have primary responsibility for and ownership of the manual, because they contributed most substantially to the body of work. They meet ALL the following criteria:

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- They are an originator or creator of the intervention, personally contributing substantial original content from inception.
- They gave final approval for the version to be disseminated/used.
- They agree to be accountable for all aspects of the manual, including ensuring that questions related to the accuracy and integrity of any part of the manual are appropriately investigated and resolved.

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- They provided critical review for important intellectual content; OR,
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- Individuals who do not meet the first criteria are included as Contributing Authors only at the discretion of the Lead Authors.

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Version Date: 12/6/17
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Unless otherwise agreed to by the Lead Authors in writing, a grant or project which investigates the efficacy of a “new” CCT intervention will include the Lead Authors of the manual as Key Personnel (e.g., as Principal Investigator, Co-Investigator, Consultant, Mentor, or some other capacity). This is because the Lead Authors of a new intervention, by definition, have contributed very substantially to the conception or design of the project that investigates it.

However, once the efficacy of a specific CCT intervention has been well established through several (≥3) randomized controlled trials with its intended patient population, it can be considered “well-validated” rather than “new”. In the case of specific “well-validated” CCT interventions, investigators not associated with that manual’s authors and research teams (i.e., those without conflicts of interest), may conduct additional replication and cross-validation studies on that specific CCT manual (but not on other CCT manuals that don’t meet this criteria) without including the Lead Authors as Key Personnel; this will assist with broadening the evidence base that supports the CCT interventions. To be clear, a specific CCT intervention (e.g., ME-CCT for MCI) is still considered “new” even if other specific CCT interventions (e.g., CCT for TBI) have been “well-validated” through several (≥3) randomized controlled trials.

Key Personnel on a grant or research project, including the Lead Authors of a “new” CCT manual that was investigated, should be given the opportunity to participate as authors on related manuscripts and publications. Therefore, they should be given the opportunity to contribute toward review, drafting or revising, and final approval of all manuscripts and publications that result from the project.

The Principal Investigator(s) (or Co-Principal Investigators, or Multiple Principal Investigators) of a grant or contract should meet the following criteria:

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REFERENCES AND RESOURCES

APA – Ethical Principals of Psychologists and Code of Conduct

ICJME – Defining the role of authors and contributors:

NIH – General Guidelines for Authorship Contributions:

NIH – Collaboration & Team Science: A Field Guide:

OHSU Authorship Attribution Policy No. 12-70-010: https://o2.ohsu.edu/policies-and-compliance/ohsu-policy-manual/chapter-12-other-policies/ohsu-policy-12-70-010.cfm

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http://www.ohsu.edu/xd/research/about/integrity/scientific-integrity-committee.cfm


University of Pittsburgh – Guidelines for Responsible Conduct of Research (March 2011):
http://www.provost.pitt.edu/documents/GUIDELINES%20FOR%20ETHICAL%20PRACTICES%20IN%20RESEARCH-FINALrevised2-March%202011.pdf

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http://adminrecords.ucsd.edu/ppm/docs/100-4.html


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