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Group therapy for memory impaired patients: A partial remediation is possible

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■ **Abstract** *Background and purpose* To analyse the prospect of memory training for patients with organic brain damage. *Methods* Sixty-two patients with memory disorder were assigned to three different groups: a control group (n = 16) with low dose memory training, a process oriented memory training group (POT) (n = 24) and a group (ST) who was taught to compensate for memory problems with different strategies (n = 22). Most of the patients had suffered a stroke. Inclusion criteria were medium to weak memory impairment defined by the patients' performance in the California Verbal Learning Test. Patients with complete amnesia were excluded. Specific care was taken that the groups did not differ in age, time since illness, duration of rehabilitation effort, verbal and performance IQ, memory and attention performance. The two treatment groups received 20 hours memory training, the low dose memory training

control group 7 sessions. *Results* The treatment groups improved in verbal and prospective memory, but only the group with POT experienced a significant improvement compared with the control group. Training effects were specific, i. e. they affected verbal memory, but were not encapsulated, i. e. generalized to the recall of prose passages and of appointments. The POT group also showed a statistically weak outperformance compared with the ST group and some attentional improvement as well. *Conclusion* Memory training is effective in patients with organic brain lesion, but only if applied frequently. Comparing the two training high intensity treatments, a POT focus seems to be superior to teaching a set of compensation strategies.

■ **Key words** rehabilitation · memory impairment · group treatment · stroke

Introduction

Memory Disorder is a neuropsychological deficit of immense social and psychological meaning. The number of memory-disordered people is increasing and will increase during the next decades, since some of the diseases that cause memory disorders peak at old age. Currently, no generally accepted treatment of memory

deficits is available, which directly remediates losses of performance. Some studies have shown that external memory aids may help memory impaired people to cope with their handicap (Broek et al. 2000; Wilson et al. 1997). However, there are only a small number of direct treatment studies of memory disorders, which are scientifically well-designed (for a review see Majid et al. 2000; Thöne and Cramon 1999; Robertson and Murre 1999; Matthes-v. Cramon and Cramon 1995; Kaschel