

CHAPEL HILL PSYCHIATRIC ASSOCIATES, PA
Cogmed Working Memory Training Patient Registration

Trainee Name: _____ Date of Birth: _____ Sex: Female Male
Address _____ City: _____
State: _____ Zip: _____ Employer/School: _____
Preferred phone contact: _____ Other phone: _____
Email address: _____

Guarantor Same as trainee Last Name: _____ First Name: _____
Street address: _____ City: _____
State: _____ Zip: _____ Preferred phone contact: _____
Other phone: _____ Email address(s): _____

Cogmed Working Memory Training. (Health insurance does not reimburse outpatient treatment that is not completed in the presence of a contracted provider. The cost of Cogmed training is therefore, not covered by health insurance. As Cogmed training is a proven effective treatment for working memory disorders, the cost is eligible for reimbursement under HSA or FSA; or as a tax deduction if medical expenses exceed a specific percentage of income. If you wish to submit the cost of training to your HSA, FSA, or to the IRS, please ask for a Qualified Medical Expense receipt.)

I understand I will be responsible for paying all fees and charges as follows:

Cogmed Working Memory Training 25 sessions

- **Supervising clinician Tracy Ware, MD - \$1500 paid at start-up appointment.**
- **Supervising clinician Geoffrey Zeger, ACSW, LCSW - \$1300**
 - **The fee for training with Mr. Zeger should be submitted to CHPA prior to the start-up appointment.** Payment may be made by check payable to "CHPA" and mailed to: CHPA, 610 Jones Ferry Road Suite 208 Carrboro, NC 27510. Please write "cogmed" in the memo section. Credit card payment may be made in person or by phone to the CHPA office at 636-5695. Messages requesting a return call may be left on the office voicemail. A receipt and copy of the registration will be returned by mail.

Included in the cost:

- Start-up appointment: Training procedure is reviewed. If the trainee is a minor, the minor should attend the appointment along with any adult who will be supervising training.
- **The CHPA Cogmed Training Guide.**
- Supervision of the 25 session training by email or phone contact for up to six weeks. Supervision involves routine review of progress approximately weekly, response to email or phone questions, and educational emails appropriate to stage of training.
- Preparation of The **CHPA Cogmed Training Report** which includes information regarding post-training development of executive function skills. (Provided for completed training only.)
- Optional unsupervised training including up to five additional full sessions and 100 half sessions.

There is no charge for phone and/or email consultation prior to training. In office consultation separate from the start-up appointment is \$150 per hour. Start-up appointments where training registration is deferred or cancelled are also charged at \$150 per hour. This latter charge is credited against the training fee if training is started within three months. Training fees are not eligible for refund after the trainee has been registered with Cogmed America and a username issued. **Additional conditions, restrictions and recommendations apply and are detailed in this registration packet.**

Signature of Trainee: _____ **Date:** _____

Signature of Responsible Party(ies) if trainee is a minor: _____

Tracy A Ware, MD
VM: 919-338-2940
twaremd@chapelhillpa.com

Geoffrey Zeger, ACSW, LCSW
VM: 919-286-3453 x113
Geoffatmainst@aol.com

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Computer and training location/timing information: Cogmed Working Memory Training requires a Windows operating system. Multiple computers may be used provided each computer synchronizes with the Cogmed server before and after each session. A mouse is recommended. It is important that the location of training be quiet with limited distractions. The time of day does not appear to impact training unless the trainee is taking a stimulant. Trainees taking stimulants should generally avoid scheduling training during “wear-off.”

Initiation and frequency of training: Training must begin within one month of registration unless a delay is approved by the clinician supervising training. The training program is designed to be completed in five weeks. The intensity of training is a central component of treatment success. We strongly recommend that scheduling be carefully planned to ensure adequate time is available for training, and for minors, that adequate supervision is available. While it is possible to train during vacation, training effort for many minors decreases during vacation.

Incomplete training: The 25 training sessions should be completed in five to six weeks. Active supervision will be provided for the first six weeks of training. **Training status is changed to incomplete if the 25 core sessions are not completed in eight weeks, and/or if the training scales and questionnaire are not returned by three weeks after session 25.** Restarting training requires an additional fee of \$250. Training that is incomplete at twelve weeks will be cancelled and cannot be restarted. Trainees whose first training is cancelled for non-completion will require a special contract and deposit before registering for a second training. **INITIAL:** _____

In home supervision of minors: Parents, or other responsible adult(s), **must supervise training of minors under age 18 years.** Younger trainees require an adult supervisor in the room. Older children may be able to train with intermittent monitoring **each** session. Monitoring helps maintain effort, prevent skipping sessions, prevent concurrent use of other technology, and prevent cheating.

If the trainee is a minor: **Who will be supervising training?** _____

We strongly recommend that parents routinely access the training web data reports on their child’s training. While the supervising clinician will routinely check training progress, problems such as training sessions being skipped, rushing through training and loss of motivation are more likely to be recognized early if multiple parties are monitoring training. Please also consider whether your child might better maintain effort if there is a specific incentive.

“Real life” benefit: Working memory deficits during childhood impact the development of many important skills. Training working memory provides the necessary foundation to develop those skills. It does not train those skills directly. The ***CHPA Cogmed Training Guide*** contains detailed information on the different levels of working memory dependent skills. It includes examples of skills that commonly develop as working memory is expanded, and skills that require additional focus during and after working memory training. The guide also contains information on the complex challenge of using expanded working memory to build executive function skills. Additional guidance on this topic is included in ***The CHPA Cogmed Training Report***. Support options can include working with a therapist or coach. Adults may attend a post-training coaching group.

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These post-training support options are not covered in the training fee. Individual work with a licensed clinician may be covered by insurance.

Other factors to consider: It should be noted that training is less effective if there is a significant untreated depression or anxiety disorder. Stimulant use does not seem to impact working memory training directly. Higher doses of stimulants are associated with excessive hyperfocus and decreased cognitive flexibility. Cognitive flexibility (aka transitioning) appears to be an important factor in successful development of working memory dependent executive function skills.

Extension training: This optional training is available to trainees who have completed the core training and returned the scales and survey on time. Several factors should be considered if extension training is planned. The benefit from extension training is also intensity dependent. There is seldom added benefit if training occurs less than three times per week. Most children do not seem to require extension training to maintain training gains. Most adults over 40 years of age appear to lose training benefits if they do not reinforce gains with extension training. Extension training sessions are valid for one year and are included in the original cost.

Trainee Clinical Information Completed by _____

Reason(s) for training: _____

Behaviors, symptoms or challenges that are most concerning: _____

Expectations or goals for training and post-training work: _____

Current treatment and/or support service providers (psychiatrist, psychologist, therapist, pediatrician, coach, tutor...) **Include contact information** if you would like a training report sent to the provider. The full report contains significant educational information that may be helpful if the provider will be assisting with post-training work. We recommend that a summary report go to medication providers and/or pediatricians. Please note that very few providers are familiar with the process of post-training cognitive skill development. _____

Psychiatric, neurologic and/or medical diagnoses: _____

Current Medications (Include dosing as well as herbs and supplements): _____

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Has testing been done? What were the primary findings? Please include a copy of the testing report.

Previous treatments and impression of efficacy: _____

Quality of sleep/daytime fatigue? _____

Exercise? _____

Use of caffeine? _____

Family mental health and/or neurological history: _____

While the risk of problems related to using a computer based training program such as Cogmed Working Memory Training is small, there are some conditions that may either be exacerbated by training or limit training benefit:

Please indicate if any of the following are true for the person who will be training and provide any pertinent details at the end of the list:

- 1) Yes No **A history of seizures.** (Some types of seizures can be triggered by computer monitors.)
- 2) Yes No **A history of migraine.** (Some types of migraines can be triggered by computer monitors.)
- 3) Yes No **A history of carpal tunnel syndrome or other repetitive motion disorder**
- 4) Yes No **A history of motor or vocal tics.** (Tics may be temporarily aggravated by CWMT.)
- 5) Yes No **Severe depression.**
- 6) Yes No **Severe anxiety**
- 7) Yes No **Severe behavior problems**
- 8) Yes No **Psychotic symptoms** (Hallucinations, or delusions that compromise the person's ability to make rational judgments.)
- 9) Yes No **Thoughts of, or plans for, self-harm or suicide**
- 10) Yes No **Thoughts of, or plans for, harm to others**
- 11) Yes No **Other unstable psychiatric disorder.**

Explain any "yes" answers: _____

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Specific training advisory. PLEASE READ IN DETAIL!: Our clinic has noted that some trainees (+/- 5%) experience a short period of symptoms in the second or third week of training that is consistent with a delay in the brain's adaptation to training related increases in dopamine levels. The most common manifestation of this reaction is a mood elevation that has rarely included decreased sleep, increased energy and increased speed of speech. Other symptoms may include a transient increase in tics, agitation and/or decreased focus. Agitation and decreased focus are rare and typically limited to trainees who are taking stimulants. The reaction has responded to decreasing the dose of stimulant. Please advise your supervising clinician if any unexpected or concerning symptoms occur.

Potential risks associated with training: *I understand that it is possible for the use of computer monitors, associated equipment and/or Cogmed Working Memory Training, to trigger new symptoms including but not limited to seizures, migraine, repetitive motion injury, euphoria, agitation, decreased focus, and tics. Signing this agreement constitutes an acknowledgment of this risk and an agreement that the training supervisor, Dr. Ware, CHPA PA, and Pearson Inc. are not liable for any events or damages that may occur secondary to training, or secondary to a failure of training to improve an underlying condition.*

Limitations on outcome of training: While the efficacy of Cogmed Working Memory Training has been established in multiple studies, no warranty is made that any given person will achieve gains in working memory, improvements in any working memory deficit associated condition, or experience improvements in specific skill areas. The most important factor in both successful training and post-training skill development is the effort made by the trainee. No guarantee is made regarding any specific outcome. **Trainees may expect that failing to maintain the required intensity of training and/or effort will significantly decrease clinical benefits.**

Limitations on professional services: Professional services provided to trainees, and those supervising their training, are explicitly limited to services directly related to Cogmed Working Memory Training. Entering into an agreement to participate in training does not establish a clinician-patient relationship with regard to any other psychiatric or medical concern, or any other form of treatment of the condition(s) believed to be related to deficits in working memory. **Specifically, the supervising clinician will not provide, as part of Cogmed Working Memory Training, formal diagnostic assessments, medication management, other therapy interventions, or emergency coverage for any psychiatric or medical condition not directly related to Cogmed training.** If there is any question regarding the accuracy of established diagnoses, a diagnostic evaluation should be arranged prior to training. This assessment will usually be covered by insurance but is not covered by the training fee. Other assessments and treatments may be arranged separately through the supervising clinician if appropriate and agreed to by both parties. Participating in Cogmed training does not obligate the supervising clinician to provide any other professional services or obligate the trainee to transfer or establish those services with the supervising clinician. Please note that Mr. Zeger is an independent clinician contracting to provide supervision of training for the CHPA CWMT program. He is not an employee of CHPA.

Communication: Clinical communication may be conducted by pre-arranged phone calls or email once per week as recommended by the supervising clinician. Clinical concerns arising outside those contacts should be directed to _____ (completed by supervising clinician).

Signature: _____ Date: _____

Tracy A Ware, MD
VM: 919-338-2940
twaremd@chapelhillpa.com

Geoffrey Zeger, ACSW, LCSW
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Cogmed Working Memory Training required END USER LICENSE AGREEMENT: Chapel Hill Psychiatric Associates, PA

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End User Acknowledgement: Signature _____ Date: _____

Cogmed Working Memory Training is not intended to be a substitute for a health care provider’s consultation or a substitute for medication that a doctor may have prescribed. Results may vary. Effects or results in the individual can never be guaranteed.

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