I was delighted to learn about Marcia J. Scherer’s new book on Assistive Technologies and Other Supports for People with Brain Impairment. She is well-known for her work with assistive technology research and for the Matching Person and Technology Model (MPT), which she has been developing for some years. As I have recently participated in two projects on assistive technology and cognitive problems caused by dementia and mental disorder, with both projects showing that there is very little information available about how assistive technology can support people with cognitive problems, I gladly accepted the chief editor’s request to review this book for Technology and Disability.

According to the author the book is angled at practitioners, but provides useful information for users of assistive technology and their caregivers and families. The book serves especially readers in the USA since it refers to US legislation and practices. For a European reader it is interesting to learn about the rehabilitation and assistive technology provision system in the USA, and compare it to one’s own system. It is astonishing to learn that in the USA people with disability and family members pay for assistive technology out of pocket in about 40% of cases and that only 15% of people with disability have the technologies they want and need.

The book combines being a handbook of facts, references, and checklists with case stories and almost novel-like reflections of the writer’s experiences with real persons with different cognitive disabilities, including her mother. Case stories are about people with different types of cognitive disabilities, including acquired brain injuries, developmental disabilities and neurological and mental conditions. Scherer has written about some of the persons in the case stories in her earlier book “Living in the State of Stuck” and now readers of the earlier book have the possibility to follow up on these persons’ lives. These case stories provide an interesting and unique piece of information on the history of disability and assistive technologies. The book includes also a short description of the main functions of the brain and one chapter is about treatment and rehabilitation practices related to cognitive disabilities in the USA.

Scherer is building a framework to master assistive technologies for cognitive disabilities. She “cross-walks” several related classification systems: the WHO’s International Classification of Functioning and Health (ICF), the International Standardization Organizations classification and terminology (ISO 9999 – Assistive products for persons with disability), and the American AbleData database’s categories of assistive technology products. This proposed integrated framework would link together a person’s functional capacity, the assistive product classification and the actual products available and would be very useful for rehabilitation personnel and prescribers of assistive devices. As Scherer herself concludes, the “lack of consistency in definition and classification is an issue in need of solution”. The work with the ICF, ISO 9999 and AbleData is still in progress, so hopefully this problem will be solved in near future.

I have been part of the working group for ISO 9999 and I want to comment on Scherer’s use of the classification. Scherer proposes classifying cognitive support technologies under the class 05 Assistive products for training in skills, which would not be correct. She appears to anticipate this herself and writes “Although some may question the suitability of classifying cognitive support technologies as “products for training”, nonetheless, this is where they are included.” The reason for this misplacement is understandable because class 05 is the only class where cognitive functions are mentioned with that wording. Nevertheless in ISO 9999, most of the cognitive support devices, for example for memory, attention and orientation such as calendars, alarms and positioning systems, are classified under class 22 – Assistive products for communication and information. In ISO 9999 products are classified according to their function, so if the product is designed to train cognitive function, it is classified under class 05, but if it is designed to support the memory of a per-
son with memory problems, it is classified under class 22.

Scherer presents also the ICF core set for Dementia as an example of the ICF codes with cognitive disability. In a table with five columns she links these ICF codes with geriatric assessment. The table includes examples of neuropsychological and functional tests and assessment techniques. Reading the table requires one to turn the book sideways, while the table also continues for several pages, which is quite demanding; the information however is useful, particularly for students of these things. Tables and figures in the book are often quite similar; colors would go a long way to make the book easier to read, as the various shades of grey are hard to differentiate.

Scherer has updated her Matching Person and Technology Model (MPT) with Cognitive Support Technology Predisposition Assessment (CST PA). She describes the use of the current version of the model and shows how it can be used with a person with cognitive disability. In the last chapter about the future, Scherer gives useful advice on how to manage comprehensive assessments and the rapidly developing cognitive support technologies.

To me the main message of the book is as a further reminder that with assistive technology it is always a question of individual assessment. Two people with the same disability have different expectations and life histories, thus the solution sought has to begin with the needs and preferences of each unique individual with a disability. I fully agree with her as she writes “We can develop technologies, equip homes and other facilities with all kinds of devices and systems, and pass laws and regulate services, but unless they do for us what we want done and help us get to where we want to go, why bother?”

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