

Summary

In this thesis we tried to define the ecological validity of the cognitive functions training of the clients with mood disorders. The specimen was formed up with 36 patients whose primary diagnosis was depression, depressive phase or bipolar affective disorder (F31, F32 and F33 according to MKN-10), currently in remission. The research lasted 12 months.

The training program selected for this study was CogniFit Personal Coach (www.cognifit.com), a home-based, computerized, individualized cognitive training program. Based on the results of an initial evaluation phase, the program builds a personalized training program. The training program varies from one individual to the other in the selection of tasks, the frequency with which each training task is used, and in the level of difficulty determined by the results of the baseline evaluation of cognitive functions. As the individual trains and achieves higher scores, the tasks become harder.

The present study sought to examine the impact of the cognitive training regimen on everyday cognitive functioning of patients with mood disorders during remission. The scientific method applied was the set of questionnaires aimed at the definition of the ecological validity of the cognitive functions training: Dysexecutive Questionnaire (DEX), Cognitive Failures Questionnaire (CFQ), Everyday Memory Questionnaire (EMQ) and varieties of DEX and CFQ questionnaires for the partners or relatives of the probands. The participants also filled out Beck Depression Inventory (BDI-II), SQUALA and SOS-10. Design test-retest was applied for the research. Next goal of this study is to establish whether participants would voluntarily adhere to home-based computerized training.

Analysis of the gathered data proved a significant improvement in all the variables aimed at the ecological validity of the cognitive functions training of the probands. No significant improvement was identified in the questionnaires for the allied persons (partners or relatives). The age of the probands had no statistically significant impact on the effects of the training (meaning the higher the age, the greater the effect). When we divided experimental group in age subgroups of younger and older, improvement in younger patients in variables CFQ, DEX and SOS-10 was found, in elderly patients in variables BDI-II and EMQ. Generalization effect of training in areas of everyday life for patients was confirmed. Options improving data collection methods are discussed.