

The Cognistat Is A Sensitive Measure For Screening And

Psychological Management of Stroke presents a review and synthesis of the current theory and data relating to the assessment, treatment, and psychological aspects of stroke. Provides comprehensive reviews of evidence based practice relating to stroke Written by clinical psychologists working in stroke services Covers a broad range of psychological aspects, including fitness to drive, decision making, prevention of stroke, and involvement of carers and families Reviews and synthesizes new data across a wide range of areas relevant to stroke and the assessment, treatment, and care of stroke survivors and their families Represents a novel approach to the application of psychological theory and principles in the stroke field

This handbook is designed to provide authoritative information to the psychologist working in primary-care settings and to those seeking to learn about clinical issues in such settings. Scholarly and at the same time practical, this volume offers both the clinician and the researcher a wide-ranging look at the contexts in which psychological services become of paramount importance to the health of the patient. The handbook will cover the prevalent psychological conditions in the primary-care setting--depression, anxiety, somatization, eating disorders, and alcoholism; illnesses in which psychological disorders play a major role, such as heart disease, diabetes, cancer, pain management, headache, asthma, low back pain, sleep disorders, among others; and issues of concern to psychologists treating children (ADHD, disciplinary problems, etc.), treating women (abuse, infertility, menopause, sexual dysfunction), treating men (workaholism, alcoholism, sexual dysfunction), and treating the older patient (death and dying, cognitive impairment, late life depression). Other important topics include psychological side effects of common medications, resistance to treatment, spiritual concerns in the treatment of patients, cultural differences in healing, suicide, AIDS, prevention of disease, and many others. Leonard Haas is a noted authority in the area of primary-care psychology and has recruited expert contributors for the 41 chapters and two appendices that make up this definitive handbook for a growing and important subspecialty in clinical psychology. The work may also be used in graduate courses in health psychology.

Ideal for neurosurgeons, neurologists, neuroanesthesiologists, and intensivists, Monitoring in Neurocritical Care helps you use the latest technology to more successfully detect deteriorations in neurological status in the ICU. This neurosurgery reference offers in-depth coverage of state-of-the-art management strategies and techniques so you can effectively monitor your patients and ensure the best outcomes. Understand the scientific basis and rationale of particular monitoring techniques and how they can be used to assess neuro-ICU patients. Make optimal use of the most advanced technology, including transcranial Doppler sonography, transcranial color-coded sonography, measurements of jugular venous oxygen saturation, near-infrared spectroscopy, brain electrical monitoring techniques, and intracerebral microdialysis and techniques based on imaging. Apply multimodal monitoring for a more accurate view of brain function, and utilize the latest computer systems to integrate data at the bedside. Access practical information on basic principles, such as quality assurance, ethics, and ICU design.

A Practical Guide to Geriatric Neuropsychology focuses on the skills required in testing and treating the older adult population. Topics discussed include normal aging, determining competency, important factors to consider in conducting clinical interviews, the importance of evaluating for depression and substance abuse, screening tools for use in practice, cognitive training and intervention and evaluation of the older adult in the workplace. This book will be helpful for neuropsychologists interested in testing and providing recommendations for older adults and for psychologists interested in treating older adults.

Neuropsychological Assessment

Minority and Cross-cultural Aspects of Neuropsychological Assessment

with a focus on cognitive testing

Journal of Rehabilitation Medicine

Amyotrophic Lateral Sclerosis and the Frontotemporal Dementias

This volume brings together well-known experts to present recent advances in the neuropsychological assessment of key, real-world capacities: the ability to live independently, work, manage medications, and drive a car.

Substance misuse is a significant problem in society today. Treatment for substance misuse depends on cognitive abilities that may be impaired in patients seeking treatment. Professionals must treat patients as they are upon admission, including cognitive deficits. Cognitive deficits may include verbal reasoning, memory, sensory perception, sustained attention, executive functions, complex decision-making, and sensitivity to consequences, and may result in emotional regulation difficulties and inability to learn from experience. Providers often utilize brief measures to screen for cognitive deficits. Many screening measures lack standardization, norms to account for demographic factors, and profiles from which to hypothesize diagnoses, need for further testing, or consider treatment implications. They often generate high false positive and false negative rates. The Cognistat is a brief cognitive screen whose screen-metric approach is designed to assess multiple cognitive domains while maintaining brevity and ease of

administration. Utilizing Wechsler Adult Intelligence Scale-Revised (WAIS-R) subtests as gold standards for corresponding Cognistat subtests, the concurrent validity of four Cognistat subtests (Attention, Calculation, Construction, Similarities) was investigated in a sample of 57 alcoholics (group 1) and 40 polysubstance users (group 2). The alcoholics were significantly older than the polysubstance users, but the two groups did not differ on any other descriptive or demographic characteristics, nor Cognistat or WAIS-R subtests. All Cognistat subtests demonstrated convergent validity for group 1, and the Construction and Similarities subtests for group 2. Calculation and Construction demonstrated divergent validity for both groups, as did Similarities for group 2. After controlling for age and education, each Cognistat subtest predicted performance on its corresponding WAIS-R subtest. Cognistat subtests demonstrating specificity, but not sensitivity included Attention, Calculation, and Similarities for both groups, while Construction demonstrated sensitivity, but not specificity for group 1 and the reverse for group 2. Utilizing within Cognistat subtest metric scores as gold standards, the Attention and Similarities screening items demonstrated sensitivity and specificity for both groups, while the Calculation and Construction screens did not. Limitations of this study included those characteristics of archival data (small sample sizes, lack of ability to counterbalance test administration) and those associated with a screening instrument (false negatives).

“This is one of the best mental health and aging books I have ever read. [It] is one that I will turn to often in my teaching of doctoral students, and in my work with older adults. One of the phenomenal aspects of this book is the research reviews; which are in-depth and broad in their scope. It is clear that Lee Hyer is an exceptional scholar-clinician and geropsychologist.”--Peter A. Lichtenberg, PhD Drawing from current research and clinical practice, this text espouses a unique interdisciplinary approach to the assessment and treatment of psychosocial impairment in older adults. This approach, called “Watch and Wait,” is grounded in a “whole person” model of care rather than one that addresses symptoms or syndromes in isolation. This model advocates relationship building, prevention, psychoeducation, multipronged interventions for comorbid problems, and communication. It does so in the context of a multidisciplinary health care team, the patient, and family. The model encompasses five core factors of psychosocial impairment in older adults: depression, anxiety, cognitive deficits, adjustment or life problems, and health issues. Considered together, they provide an integrated understanding of the older adult that is more likely than single-disorder models to facilitate successful outcomes for common psychosocial difficulties that occur in later life. The book describes in depth the unique components and complex interactive influences of these five factors as they apply to older adults seeking mental health treatment. A cornerstone of the author’s approach is treatment based on stringent care-based assessment and thorough monitoring of empirically supported interventions. Each factor is considered individually from its empirically supported basis as well as its interaction with the other factors. Distinct treatment modules are isolated for each factor and assembled to provide the optimal pathway for clinical treatment. The text also addresses the unique difficulties of diagnosing the aging population, the pitfalls of existing treatments, and the need for brain-based models for care. Key Features: Advocates for integrative, interdisciplinary care and primary care involvement for the older adult Emphasizes core components of care: depression, anxiety, cognition, pain/sleep/health issues, adjustment in the community Demonstrates how a single-problem approach for older adults with psychiatric problems is not effective or efficient care Espouses a “Watch and Wait” paradigm of care, based on person-centered diagnosis and careful monitoring of treatment Translates and integrates current research findings with clarity Covers use of SSRIs and other medications, suicide, subsyndromal states, issues involving cost of care for the older patient, among other topics Plentiful case examples

This brand-new text provides you with an easy-to-use, comprehensive reference that features a clinical perspective balanced with relevant basic science. Inside, you'll find discussions of the latest research and how it has led to a greater understanding of the cause of disease, as well as burgeoning tests and the latest therapeutic agents available. From Alzheimer's disease to vestibular system disorders, you'll find the practical guidance you need to diagnose effectively and provide an appropriate therapeutic approach for each individual case. Plus, a templated, four-color design offers you easy access to pertinent information Integrates basic science with clinical neurology to help you better understand neurologic diseases and provide the most accurate diagnosis and best treatment plan for each patient. Discusses the latest research results and offers new information on treatment options. Features the expertise of international authorities, providing a worldwide perspective. Uses a templated, four-color format that makes information accessible and easy to understand—particularly the basic science concepts.

Psychological Management of Stroke

Neuropsychological Practice with Veterans

INS Dictionary of Neuropsychology and Clinical Neurosciences

Assessment and Intervention

Handbook of Primary Care Psychology

This study examined the effects of a right versus left hemisphere stroke (RHS vs LHS) on patterns of cognitive performance using The Neurobehavioral Cognitive Status Examination (Cognistat). Archival data were utilized. Participants included those with RHS (n = 24; males = 13 and females = 11; mean age = 60.85; mean education = 11.56 years) or LHS (n = 19; males = 10 and females = 9; mean age 53.94; mean education = 9.56) from an inpatient rehabilitation setting. The Cognistat was administered as part of routine clinical care. Differences in patterns of performance were expected between the two groups, and these differences were thought to be accounted for by the hemispheric location of the stroke event. Parametric and nonparametric comparisons for each of the Cognistat subtests revealed few significant differences between the groups. Specifically, those in the RHS group performed significantly better than the LHS group on the Orientation, Calculation, and Memory subtests, while those in the LHS group performed significantly better than the RHS group on the Repetition subtest. Sensitivity, specificity, positive predictive power, and negative predictive power for each Cognitive subtests' screen was calculated, but the sample included too few cases to test the degree of association between screen and metric portions of the Cognistat subtests. Results demonstrated an overall sensitivity of each of the Cognistat subtests to detect neurocognitive impairment; however, results did not confirm an predicted patterns of performance to differentiate between the RHS and LHS groups. Limitations of the study, directions for future research, and clinical implications were addressed. The Handbook views neurological assessment and rehabilitation from different perspectives, offering opportunities for increasing knowledge,

understanding and improving clinical skills, as well as laying the groundwork for establishing international Traumatic brain injury (TBI) is a complex condition for which limited research exists. The recent conflicts in Iraq and Afghanistan have resulted in numerous service members returning home after sustaining TBI, and healthcare providers scrambling to find resources on how to treat them. This toolkit is a comprehensive source of inventories and therapy options for treating service members with mild TBI. All aspects of mild TBI are covered, including vestibular disorders, vision impairment, balance issues, posttraumatic headache, temporomandibular dysfunction, cognition, and fitness, among others. With easy-to-follow treatment options and evaluation instruments, this toolkit is a one-stop resource for clinicians and therapists working with patients with mild TBI.

*A complete, thorough, and pragmatic guide to clinical assessment, this authoritative book meets a key need for both students and practitioners. T. Mark Harwood, Larry E. Beutler, Gary Groth-Marnat, and their associates describe how to construct a "moving picture" of each patient by integrating data from a variety of sources. Included are detailed, systematic reviews of widely used instruments together with strategies for selecting the best methods for particular referral questions. Readers learn to conduct integrated assessments that take the complexities of the individual personality into account, serve as the basis for developing an effective treatment plan, and facilitate meaningful reporting and client feedback. New to This Edition *Incorporates the latest research findings and assessment/treatment planning tools. *Chapters on the Personality Assessment Inventory and the NEO-PI-R and NEO-PI-3. *A new extended case example runs throughout the chapters. *Critically evaluates the recently published MMPI-2-RF. Occupational Therapy for Physical Dysfunction*

A Holistic Model

Guide to Psychological Assessment with Hispanics

Use of the Cognistat and Geriatric Depression Scale in Right Versus Left Hemisphere Cerebrovascular Accidents

Evaluating the Montreal Cognitive Assessment (MoCA) and the Mini Mental State Exam (MMSE) for Cognitive Impairment Post Stroke

Now in its Fifth Edition, *Neuropsychological Assessment* reviews the major neurobehavioral disorders associated with brain dysfunction and injury. This is the 35th anniversary of the landmark first edition. As with previous editions, this edition provides a comprehensive coverage of the field of adult clinical neuropsychology in a single source. By virtue of the authors' clinical and research specializations, this book provides a broad-based and in-depth coverage of current neuroscience research and clinical neuropsychology practice. While the new edition is updated to include new features and topics, it remains true to the highly-regarded previous editions. Methods for obtaining optimum data are given in the form of hypothesis-testing techniques, clinical tips, and clinical examples. In the seven years since the previous edition, many advancements have been made in techniques for examining brain function and in our knowledge about brain-behavior relationships. For example, a surge of functional imaging data has emerged and new structural imaging techniques have provided exquisite detail about brain structure. For the first time, this edition includes examples of these advancements, many in stunning color. This edition also includes new tools for clinicians such as a neuroimaging primer and a comparison table of the neuropsychological features of progressive dementias. The chapters on assessment procedures include discussion of issues related to test selection and reviews of recently published as well as older test batteries used in general neuropsychological assessment, plus newly developed batteries for specific issues.

The *Handbook of Psychiatric Measures* offers a concise summary of key evaluations that you can easily incorporate into your daily practice. The measures will enhance the quality of patient care assisting you, both in diagnosis and assessment of outcomes. Comprising a wide range of methods available for assessing persons with mental health problems, the *Handbook* contains more than 275 rating methods, from the Abnormal Involuntary Movement Scale to the Zung Self-Rating Depression Scale. In this fully revised edition, more than 40 measures have been added both to the book and to the accompanying CD-ROM. The *Handbook* features: Thoroughly examined and revised measures that provide the most relevant and timely information for clinicians. New measures that empirically provide better patient evaluation Updated costs, translations, and contact information for each measure This handy compendium includes both diagnostic tools and measures of symptoms, function and quality of life, medication side effects, and other clinically relevant parameters. It focuses on measures that can be most readily used in either clinical practice or research. Most of the measures are designed to improve the reliability and validity of patient assessment over what might be accomplished in a standard clinical interview. The measures also demonstrate that the use of formal measures can improve the collection, synthesis, and reporting of information as compared with the use of unstructured examinations. Seventeen disorder-specific chapters, organized in DSM-IV-TR order, include measures for: Disorders of childhood and adolescence Cognitive disorders Sexual dysfunction Eating disorders Sleep disorders Aggression and much more. The discussion of each measure includes goals, description, practical issues, psychometric properties, and clinical utility, followed by references and suggested readings. This revised edition includes updated measure descriptions, new measure variants and research, and newly selected measures particularly appropriate to the domain of discussion. As a clinical tool, this

book Describes how, when, and to what purpose measures are used Points out practical issues to consider in choosing a measure for clinical use Addresses limitations in the use of measures including ethnic, cultural, and socioeconomic factors that influence their interpretation Use of this special resource is further enhanced by a CD-ROM containing the full text of more than 150 of these measures -- an invaluable aid for reference and clinical decision-making.

"This book brings together excellent contributions spanning the historic basis of neuropsychology in forensic practice, ethical and legal issues, and practical instruction....The editors have done an outstanding job in providing us with a volume that represents state-of-the-art in forensic neuropsychology. This volume also will be useful for graduate students, fellows, and practitioners in clinical neuropsychology." --Igor Grant, MD, Executive Vice Chair, UCSD Department of Psychiatry This book serves as an updated authoritative contemporary reference work intended for use by forensic neuropsychologists, psychiatrists, neurologists, neurosurgeons, pediatricians, attorneys, judges, law students, police officers, special educators, and clinical and school psychologists, among other professionals. This book discusses the foundations of forensic neuropsychology, ethical/legal issues, practice issues and special areas and populations. Key topics discussed include the principles of brain structure and function, history of clinical neuropsychology, neuropsychology of intelligence, normative and scaling issues, and symptom validity testing and neuroimaging. Special areas and populations will include disability and fitness for duty evaluations, aging and dementia, children and adolescents, autism spectrum disorders, substance abuse, and Neurotoxicology. A concluding section focuses on the future of forensic neuropsychology.

As the Baby Boomers age, concerns over healthcare systems abilities to accommodate geriatric patients grow increasingly challenging. The increased life expectancy of the population since the early 1900s had been built on the improvement of living conditions, diet, public health and advancement in medical care. With this we have seen a steady decline in the age-specific prevalence of vascular and heart diseases, stroke and even dementia. In addition, societies worldwide struggle to develop a large enough workforce to treat aging patients, which forces geriatric patients to rely on physicians in a wide array of specialties that are often not trained for their demographic. These trends have created a tremendous need for trustworthy resources, yet with regard to hypotensive syndromes, nothing of this nature exists. Hypotensive syndromes represent a heterogenous group of disease states. Hypotensive syndromes are characterized by low blood pressure following postural changes, meals and neck turning. These are common conditions seen in the elderly and could be due to blood pressure dysregulation. These syndromes frequently cause dizziness, syncope and falls in the elderly as well as a resultant decrease in function, and they are frequently mistaken for other conditions. This is especially true among physicians who are not trained to consider the unique needs of an aging patient. The proposed book is designed to present a comprehensive approach to the management of hypotensive syndromes in the elderly. Currently there are no guidelines or good resource to guide about these conditions. This book will also discuss the challenges of diagnosis and management of these conditions. The text introduces the concepts to set a clear foundation before covering the syndromes as they present in other comorbidities, including diabetes, heart failure, and a wide array of serious conditions that are common in older patients. As the Baby Boomers continue to age, this text will prove a vital resource for a wide array of specialties that will be increasingly critical to meeting their needs.

Dejong's The Neurologic Examinations

Evidence-Based Practice Across the Health Professions - E-pub

A Practitioner's Guide

Attention, Calculation, Construction, and Similarities in a Sample of Alcoholics and Polysubstance Users

Patterns of Cognitive and Mood Performance in Stroke Patients

NOTE: NO FURTHER DISCOUNT ON THIS PRODUCT TITLE --OVERSTOCK SALE -- Significantly reduced list price Traumatic brain injury (TBI) is a complex condition for which limited research exists. The recent conflicts in Iraq and Afghanistan have resulted in numerous service members returning home after sustaining TBI, and healthcare providers scrambling to find resources on how to treat them. This toolkit is a comprehensive source of inventories and therapy options for treating service members with mild TBI. All aspects of mild TBI are covered, including vestibular disorders, vision impairment, balance issues, posttraumatic headache, temporomandibular dysfunction, cognition, and fitness, among others. With easy-to-follow treatment options and evaluation instruments, this toolkit is a one-stop resource for clinicians and therapists working with patients with mild TBI.

This is a major revision of a standard reference work for neuropsychologists, psychiatrists, and neurologists. About one-half of the book contains entirely new work by new contributors. New topics not covered in the previous editions include consideration of common sources of neurocognitive morbidity, such as multiple sclerosis, diabetes, and exposure to heavy metals; psychiatric and behavioral disorders associated with traumatic brain injury; neuropsychology in relation to everyday functioning; the effects of cognitive impairment on driving skills, and adherence to medical treatments. The Third Edition aims to reflect the enormous developments in neuropsychology in terms of research, clinical applications, and growth of the discipline during the past decade. At one time focused on mapping the cognitive and related consequences of brain injuries, research in neuropsychology has now expanded to much broader considerations of the effects of systemic disease, infection, medications, and inflammatory processes on neurocognition and emotion. The Third Edition attempts to capture these developments while continuing to adhere to the objective of presenting them in a concise manner in a single volume.

"The scope includes behavioral addictions such as eating disorders, gambling and compulsive shopping. Preparation of the profession is heavily featured in numerous articles on

standards, training, ethics and professional organizations. An emphasis on expectations and current practice make this set and excellent resource for those preparing for work in their fields. Therefore, this title is highly appropriate for academic libraries." —John R.M. Lawrence "This comprehensive resource makes a great companion to works such as Edith M. Freeman's Substance Abuse Treatment (Sage, 1993), Gary L. Fisher and Thomas C. Harrison's Substance Abuse (4th ed., Allyn & Bacon, 2008), and most of the works in Guilford's "Substance Abuse" series. Highly recommended for research and academic libraries." —Library Journal "Reflecting the recent explosion in the knowledge base of all aspects of the alcohol and drug abuse field, the Encyclopedia of Substance Abuse Prevention, Treatment, and Recovery presents state-of-the-art research and evidence-based applications. The Encyclopedia's approximately 350 A-to-Z signed entries focus on the information that addiction treatment and prevention professionals and allied health professionals need to effectively work with clients." —John R.M. Lawrence—Library Journal "Reflecting the recent explosion in the knowledge base of all aspects of the alcohol and drug abuse field, the presents state-of-the-art research and evidence-based applications. The Encyclopedia's approximately 350 A-to-Z signed entries focus on the information that addiction treatment and prevention professionals and allied health professionals need to effectively work with clients. —John R.M. Lawrence—Reflecting the recent explosion in the knowledge base of all aspects of the alcohol and drug abuse field, the presents state-of-the-art research and evidence-based applications. The Encyclopedia's approximately 350 A-to-Z signed entries focus on the information that addiction treatment and prevention professionals and allied health professionals need to effectively work with clients. Features Provides comprehensive and authoritative coverage of such areas as the neurobiology of addiction, models of addiction, sociocultural perspectives on drug use, family and community factors, prevention theories and techniques, professional issues, the criminal justice system and substance abuse, assessment and diagnosis, and more Focuses on concepts of addiction and treatment practices, but also addresses commonly used and abused drugs, including recreational, prescription, and over-the-counter Offers a Reader's Guide that lists topic categories with specific entries Presents cross-references at the end of each entry to help readers locate related information in other entries, as well as Further Readings for those who wish to pursue topics in more depth Includes an appendix listing of 58 different drugs and substances with corresponding relevant entries The Encyclopedia of Substance Abuse Prevention, Treatment, and Recovery is intended for use by pre-service and in-service addiction prevention and treatment providers and allied professionals in the fields of criminal justice, counseling, social work, public health, nursing, medicine, other health care professions, education, and family studies.

Designed to help students become effective, reflective practitioners, this fully updated edition of the most widely used occupational therapy text for the course continues to emphasize the "whys" as well as the "how-tos" of holistic assessment and treatment. Now in striking full color and co-edited by renowned educators and authors Diane Powers Durette and Sharon Gutman, Occupational Therapy for Physical Dysfunction, Eighth Edition features expert coverage of the latest assessment techniques and most recent trends in clinical practice. In addition, the book now explicitly integrates "Frames of Reference" to help students connect theories to practice and features a new six-part organization, thirteen all-new chapters, new pedagogy, and more.

Neuropsychology of Everyday Functioning
Assessment and Management
Cognition and Occupation in Rehabilitation
Hypotensive Syndromes in Geriatric Patients
A Validation Study Against the Cognistat

Entires cover the causes, symptoms, diagnosis, treatment, prognosis, prevention, and medications of mental disorders.

It is with great pride that the Psychologists in Long Term Care (PLTC) have sponsored The Professional Educational Long-Term Care Training Manual, and now its second iteration, Geropsychology and Long Term Care: A Practitioner's Guide. Education of psychologists working in long-term care settings is consistent with PLTC's mission to assure the provision of high-quality psychological services for a neglected sector of the population, i.e., residents in nursing homes and assisted-living communities. To this end, direct training of generalist psychologists in the nuances of psychological care delivery in long-term care settings has been a major priority. It is a tribute to the accelerating nature of research in long-term care settings that a revision is now necessary. After all, the Professional Educational Training Manual's initial publication date was only in 2001. However, in the intervening years, much progress has been made in addressing assessment and intervention strategies tailored to the needs of this frail but quite diverse population. It is so gratifying to be able to say that there is now a corpus of scientific knowledge to guide long-term care service delivery in long-term care settings.

Key Points: Numerous illustrations and clinical images ensure proper technique and emphasize key information necessary for an optimally effective examination. Case scenarios bridge the gap between the book and the bedside. The comments section has been tailored to maximize concept in minimum content.

The third edition of Manual of Traumatic Brain Injury offers a thorough revision of the popular evidence-based guide to understanding and managing all levels of traumatic brain injury. Comprehensive in scope and concise in format, this reference describes the spectrum of injury from mild to severe and the continuum of care from initial injury to management of chronic sequelae. Chapters are designed with a practical clinical focus for targeted retrieval of content by topic area and for self-review. The text is organized into five sections. Part I addresses fundamental concepts necessary for understanding the underpinning of clinical decision-making. Part II is dedicated to mild TBI, including sport-related concussion, with chapters covering topics from natural history to associated somatic disorders, post-concussion syndrome, and PTSD. Part III covers moderate to severe TBI and details prehospital emergency and ICU care, rehabilitation, treatment of related conditions, and postinjury outcomes. Part IV focuses on TBI-related complications, including posttraumatic seizures, spasticity, behavioral and sleep disturbances, and chronic traumatic encephalopathy (CTE). Part V reviews special considerations in selected populations such as pediatric TBI and TBI in the military, as well as medicolegal and ethical considerations in TBI, complementary and alternative medicine, and return to work considerations. Each chapter includes boxed Key Points which underscore major clinical takeaways, Study Questions to facilitate self-assessment and further emphasize core chapter content, and an Additional Reading list for a deeper dive into chapter concepts. Significant updates incorporating recent advancements in the field, combined with the clinical acumen of its experienced contributors, make this third

edition the essential manual for healthcare professionals caring for individuals with traumatic brain injury. Key Features: Succinct format encourages targeted access to key clinical information Completely revised and updated third edition reflects current state of the art advancements Added content areas such as a new chapter dedicated to substance abuse and TBI expand the scope of material addressed Newly added multiple choice Study Questions in each chapter facilitate self-assessment of mastery of chapter material

Handbook of Forensic Neuropsychology, Second Edition

Affective, Cognitive and Social Neuroscience: New Knowledge in Normal Aging, Minor and Major Neurocognitive Disorders

Encyclopedia of Substance Abuse Prevention, Treatment, and Recovery

Dementia diagnostics in primary care

Psychological Treatment of Older Adults

Background Age is the greatest risk factor for developing dementia and the total number of people aged 60 years and above is expected to more than double globally from 2013 to 2050 (1). Primary health care (PHC) is important for basic diagnostic evaluations. Objective test measurements have been shown to be more reliable than a patient's subjective memory complaints in dementia assessments (2). However, several studies indicate the low use of objective cognitive screening tools in dementia diagnostics in PHC (3). Some general practitioners (GPs) do not perceive today's cognitive instruments as helpful in the diagnostic process and administration problems have been reported in PHC (4, 5). The overall aim of this thesis was to investigate the accuracy of several cognitive tests used in dementia assessments in PHC, especially among older patients: A Quick Test of Cognitive Speed (AQT), Cognistat and Cognitive Assessment Battery (CAB). The normative values of the Mini Mental Status Examination (MMSE) in the oldest old was also studied. Methods The studies included in this thesis are from two different study populations. Studies I, II and IV. Patients with and without cognitive symptoms were recruited from four primary health care centres in Sweden between 2007 and 2009. Study III. The Elderly in Linköping Screening Assessment (ELSA 85) cohort-population examined people born in 1922 in the municipality of Linköping, Sweden. Results Study I. Results showed that AQT is a usable test for dementia diagnosis in PHC. Sensitivity for AQT is superior to the Clock Drawing Test (CDT), equivalent to MMSE and the combination MMSE and CDT. The AUC for AQT was 0.773, valued good enough. Study II. Overall, the results for Cognistat in this study are superior to MMSE and CDT, also in combination. Cognistat is promising for improved dementia diagnosis in PHC with a quick and easily administered multi-domain test for dementia assessments. Study III. This study presents valuable information about normative MMSE data for the oldest patients. Results, suggest using the 25th percentile in MMSE of 25 to 26 points, and indicate that MMSE 26 is as a reasonable cut-off for cognitive decline and further medical evaluation in older persons aged from 85 to 93 years. Study IV. In summary, the additive value of the CAB test in dementia investigations in PHC is not obvious. In addition to questionable accuracy, the test is quite time consuming and normative values are scarce. By introducing the numerical sum (CABsum) the accuracy was increased. Conclusion In conclusion, objective cognitive tests are an important part of dementia diagnosis in PHC and there is a need for improved instruments and norm-values. From our results, several cognitive quick tests are usable in PHC - MMSE, AQT and Cognistat - but they have some disadvantages. MMSE 26 is a reasonable cut-off for cognitive decline in the oldest patients 85 to 93 years from a well-educated population with quite good socioeconomic. There is a great interest in finding short and better multi-domain instruments but the additive value of CAB in dementia investigations in PHC is questionable.

The movements toward cultural sensitivity and evidence-based practice are watershed developments in clinical psychology. As a population with a long history of substandard treatment from mental health systems, African Americans have especially benefitted from these improvements. But as with other racial and ethnic minorities, finding relevant test measures in most psychological domains presents clinicians with an ongoing challenge. The Guide to Psychological Assessment with African Americans aims to close the evaluation/therapy gap by giving practitioners the tools to choose appropriate instruments while respecting client individuality. Expert contributors analyze scarce and far-flung data, identify strengths and limitations of measures and norms in their use with African-American clients, and advise on avoiding biases in interpreting results. The editors advocate for a theory-based hypothesis-testing approach to assessment when empirical evidence is lacking, and offer guidelines for decision-making that is effective as well as ethnically aware. The Guide's findings, insights, and practical information cover the gamut of test and diagnostic areas, including: IQ and personality. Generalized anxiety disorder, panic, and phobias. Neuropsychological assessment, cognitive decline, and dementia. Mood disorders and suicidality. Forensic assessment, risk, and recidivism. Measures specific to children and adolescents. Plus PTSD, substance disorders, eating pathology, and more. Expertly complementing cross-cultural treatment texts, the Guide to Psychological Assessment with African Americans stands out as a trustworthy resource for treatment planning useful to clinical psychologists, neuropsychologists, and clinical social workers.

The INS Dictionary of Neuropsychology and Clinical Neurosciences provides concise definitions of neurobehavioral abnormalities, diseases affecting the nervous system, clinical syndromes, neuropsychological tests, neuroanatomy, rehabilitation methods, medical procedures, basic neuroscience, and other important clinical neuroscience terms. Its broad scope not only encompasses the approaches, perspectives, and practice settings of neuropsychology, but also extends to the related disciplines of pharmacology, neurophysiology, neurology, neuropsychiatry, and experimental and cognitive psychology. The Second Edition expands on the content of the First, emphasizing the methodology necessary to critically evaluate research publications according to the highest clinical standards involving evidence-based practice. In addition to definitions, the INS Dictionary includes other information relevant to neuropsychology: abbreviations and acronyms that appear in medical charts and in clinical literature, the origins of specific terminology and how concepts developed, and biographical information on individuals who have influenced the understanding of syndromes, diseases, and anatomy. Although definitions for most terms are readily available on the Internet, the INS Dictionary presents definitions with a neuropsychological perspective with

relevance for neuropsychologists more clearly identified. The INS Dictionary is also conceptualized as an active textbook; entries were derived from a variety of sources ranging from grand rounds to scientific literature and professional neuropsychology conferences. The wide variety of terms that have been specifically selected for inclusion makes the INS Dictionary a valuable resource for neuropsychologists and clinical neuroscientists at all levels.

R é é ducation, psychologie cognitive

Geropsychology and Long Term Care

The Gale Encyclopedia of Mental Disorders: A-L

The Validity of Selected Subtests of the Cognistat/NCSE

Neurology and Clinical Neuroscience E-Book

Monitoring in Neurocritical Care E-Book

The exponential growth of clinical psychology since the late 1960s can be measured in part by the extensive-perhaps exhaustive-literature on the subject. This proliferation of writing has continued into the new century, and the field has come to be defined as much by its many topics as its many voices. The Oxford Handbook of Clinical Psychology synthesizes these decades of literature in one extraordinary volume. Comprising chapters from the foremost scholars in clinical psychology, the handbook provides even and authoritative coverage of the research, practice, and policy factors that combine to form today's clinical psychology landscape. In addition to core sections on topics such as training, assessment, diagnosis, and intervention, the handbook includes valuable chapters devoted to new and emerging issues in the clinical field, including health care reforms, cultural factors, and technological innovations and challenges. Each chapter offers a review of the most pertinent literature, outlining current issues and identifying possibilities for future research. Featuring two chapters by Editor David H. Barlow -- one on changes during his own 40-year odyssey in the field, the other projecting ten themes for the future of clinical psychology -- The Oxford Handbook of Clinical Psychology is a landmark publication that is sure to serve as the field's benchmark reference publication for years to come. It is an essential resource for students, clinicians, and researchers across the ever-growing clinical psychology community.

Minority and Cross-Cultural Neuropsychological Assessment pulls together neuropsychological assessment issues across a wide range of minority groups and populations currently underserved. Included are chapters related to African-Americans, Asian/Pacific Islanders, Hispanic/Latinos, Native Americans, and Rural Populations. Some minority groups have not been as widely studied or examined as other groups from a neuropsychological assessment perspective. This book will fill this obvious void. Other chapters are devoted to traditions and trends in clinical neuropsychology, and there is a section that examines the future of minority and cross-cultural issues in neuropsychological assessment. The current literature regarding minority and cross-cultural issues in neuropsychological assessment is quite scattered and it is the goal of this book to provide a more thorough review and refinement of the issues presented.

Over the past ten years, there has been an increasing recognition that syndromes of frontotemporal dysfunction (FTD) are a common occurrence in patients with amyotrophic lateral sclerosis (ALS). Such syndromes may be present in as many as 60% of patients with ALS. Conversely, the occurrence of motor neuron dysfunction in patients with clinically pure frontotemporal dementia is increasingly recognized. This suggests that to some extent there are overlapping syndromes in which both ALS and FTD occur within the same individual. This volume summarizes the advances in our understanding of these two disorders, as well as the potential relationship between the two. Key topics include advances in our ability to clinically describe the frontotemporal syndromes, preclinical detection, neuroimaging, and genetics. The exploding field of new markers in neuropathology is examined, as is the role of new genetic mutations in DNA/RNA transport systems. This book is the essential reference text for this topic, and will be of interest to neurologists and neurological trainees with a clinical or research interest in the FTDs or ALS, neuropsychologists, neuropathologists, and researchers. This book focuses on diversity, culture, and ethnicity as they relate to psychological assessment of Hispanics. It is a how-to guide for clinicians, researchers, and instructors working with Hispanic clients. Each chapter contains an overview of cultural considerations needed for assessing the Hispanic client followed by a specific exploration of the assessment measures available and the research that has been conducted on these measures with Hispanic participants. An exploration of the strengths and limitations of each assessment measure is included. Considering that ethnocultural minority individuals who are of Hispanic/Latino origin make up the largest ethnocultural minority group in the United States, guidelines for working with this population are a must. Given that a large subset of this percentage is composed of immigrants many of whom do not speak English or who have learned English as a second language, special considerations for effective psychological assessment are necessary. This book fills a gap in the scientific literature by consolidating the research on psychological assessment with Hispanic samples into one comprehensive volume and providing simple

recommendations for the psychological assessment of Hispanic clients. An exploration of the general psychological assessment domains (e.g., personality, intelligence) is included with references to research on the major assessment measures used in the field. A more specific exploration of psychodiagnostic assessment measures follows, including the assessment of mood disorders, anxiety disorders, sexual dysfunction, psychosis, etc. Several chapters are dedicated to specialized assessment, including neuropsychological assessment, forensic assessment, and school-based assessment, overall creating the most comprehensive, up-to-date, research-based compendium of psychological assessment measures for use with Hispanic clients.

Integrative Assessment of Adult Personality, Third Edition

Guide to Psychological Assessment with African Americans

Neurosensory Alterations from Blast Exposure and Blunt Impact

Neuropsychological Assessment of Neuropsychiatric and Neuromedical Disorders

Geriatric Neuropsychology

Evidence-based Practice across the Health Professions is a contemporary guide to modern evidence-based practice. Fully revised and updated, it continues to keep the focus on the knowledge and skills that clinicians and students really need to make evidence-based informed decisions. It provides a foundation to help you to better ponder what clinical questions to ask, know ways to efficiently find research that answers those questions, know how to decide whether the results of research are believable, important and applicable and use good evidence with patients to provide healthcare as responsibly, effectively and collaboratively as possible. Featuring a multi-disciplinary approach with contributions from international and national leaders in evidence-based practice, this new edition now includes 15 health disciplines, including: - Clinical exercise physiology - Optometry - Complementary and alternative medicine - Paramedicine - Human movement (exercise science) - Pharmacy - Medical imaging - Physiotherapy - Medicine - Podiatry - Nursing - Radiation Therapy - Nutrition and dietetics - Speech pathology - Medicine - Occupational Therapy Visit evolve.elsevier.com for your additional resources Instructor resources: Image collection PowerPoint slides Short answer and tutorial questions Clinical Scenarios Test bank Student and instructor resources: Interactive quiz Worksheets Updated and additional content on shared decision making Additional case studies on community pharmacy and optometry Expanded and updated content on evidence implementation New content on diagnostic clinical prediction rules Revised and expanded evolve assets to support teaching and learning

This major clinical reference and text is the first volume to systematically address the entire process of neuropsychological assessment and intervention with older adults. The expert editors and contributors detail the current state of knowledge about frequently encountered conditions ranging from mild cognitive impairment to progressive, stable, and reversible dementias. Evidence-based assessment and intervention strategies are described, and specific guidance is provided for linking neuropsychological evaluation to individualized treatment planning. Demonstrating an array of cognitive training, compensatory, and psychotherapeutic approaches, the volume shows how these can successfully be used to improve patients' functioning and quality of life.

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Objective. To identify the better of two commonly used screening tools for detecting probable cognitive impairment in stroke patients in a large regional rehabilitation hospital (Parkwood Hospital, London, Ontario). This was a validation study of the Mini-Mental State Exam (MMSE) and the Montreal Cognitive Assessment (MoCA), using the Cognistat, as the criterion or 'gold standard'. It was hypothesized that the MoCA is a superior screening instrument to the MMSE for the detection of cognitive impairment in stroke patients.

Methods. The MMSE and the MoCA were administered by occupational therapists and the Cognistat was administered by the student investigator. A second Cognistat was administered by two occupational therapists for the reliability sub-study. Age was abstracted in a chart review and patients were asked their level of education. ROC curves, sensitivity, specificity, positive and negative predictive values and positive likelihood ratios were analyzed. Intraclass correlation coefficients and kappa statistics were also calculated. Results and Conclusion. The MMSE and the MoCA have relative strengths and weaknesses. The MoCA had a slightly better diagnostic accuracy than the MMSE and demonstrated to be the more sensitive tool. These results should be viewed with some caution due to the use of the Cognistat as the gold standard.

Mild Traumatic Brain Injury Rehabilitation Toolkit

International Handbook of Cross-Cultural Neuropsychology

Practice Essentials

Handbook of Psychiatric Measures

Cognitive Models for Intervention in Occupational Therapy

The text provides a lifespan developmental approach to neuropsychology. It addresses the many issues in neuropsychological assessment that differ between younger and older adults. It describes the symptoms, neuropathology, diagnostic considerations, and treatment options of common neurological disorders associated with aging. It also addresses special considerations related to geriatric neuropsychology, such as ethical issues, family systems issues, decision-making capacity, cultural consideration, and medical/medication/substance use issues. Additionally, a list of resources for the elderly

and their families is also provided.

A Practical Guide to Geriatric Neuropsychology
Manual of Traumatic Brain Injury, Third Edition
The Oxford Handbook of Clinical Psychology