

Clinical neuropsychology final assignment

[Psychology](#)



**ASSIGN
BUSTER**

Purposes of neurophysiology Terminology What Can be Affected and How
Purpose: To determine effects of damage. That is, the deficits, practical consequences, prognosis Client care and treatment planning: o Descriptive evaluation of: client's capabilities and limitations (take care of self? Finances? Driving? Job change needed? , psychological change, impact on self and others o Can retraining be useful? O Explaining to client diagnosis, alterations in behavior and abilities, and treatment plan o Help set realistic goals Provision of rehabilitation: assess and provide! O Individualized! Retraining? Medications, Inc side effects? Surgery? O Repeat testing to examine improvements o Evaluate effectiveness of treatment? Cost worth it?

Brain Damage/ Dysfunction Consciousness/ Awareness Emotion/ Personality Attention Executive Functioning Cognition Receptive Memory/Learning Thinking Expressive Cognitive processes Receptive - issues related to how we take in and integrate information Memory/ Learning - issues related to how we maintain information in our brains and our ability to retrieve it Thinking - issues related to the operations our brains perform on that information (organization, conceptualization, application) Expressive - issues related to the communication of information or how we act on that information which ranges from alert to coma; disturbances usually reflect brain pathology; also can encompass awareness Activity rate- behavioral slowing common in brain damage, often appearing as slowed processing speed Attention- widely variable across and within individuals (think: fatigue, novel vs.. Typical); limited capacity; types: Focused/selective- concentration, this requires that we filter out extraneous stimuli o Sustained- maintaining attention o Divided- multitasking o Alternating- shifting focus Executive

Functioning Set of processes that all have to do with managing oneself and one's resources in order to achieve a goal (I. E. AOL-directed behavior); the "conductor" of cognitive skills

- o Mental control and self regulation
- o Planning and straightening
- o Decision-making
- o Organizing thoughts and activities
- o Proportioning tasks
- o Integrating and managing mental functions
- o Managing space and time
- o Inhibition of habitual responses
- o Filtering out irrelevant stimuli

Deficits

- o Diminished capacity for self-control: think impulsive, emotional liability/flattening, problems shifting attention... Think hyperactive, careless, difficulty managing emotions
- o Difficulties in initiating behavior
- o Decreased/absent motivation (inertia)
- o Deficits in planning and completing activities needed to reach a goal
- o Think ADD

Emotion/Personality Interplay between:

1. Direct result of damage,
2. Type and severity of brain damage,
3. Personal and loved ones reactions to deficits

e. G.

Depression and anxiety

Rigidity and COD traits- think getting stuck in current thoughts, no attention shifting

Reduced social sensitivity

Distinction- often result of frontal lobe damage, often not aware of behavior

Lack of awareness, leading to less insight into effects of actions and not showing sensitivity

Altered sexual drive and functioning

Emotional liability

Pseudopodium state- brief intense affective episodes that are mood incongruent, person can usually identify a mismatch after

- o Under stress or fatigue, reactions mood congruent but out of proportion in both intensity and length