

Awareness Of Deficit After Brain Injury

Without guiding principles, clinicians can easily get lost in the maze of problems that a brain-damaged patient presents. This book underlines the importance of patients' subjective experience of brain disease or injury, and the frustration and confusion they undergo. It shows that the symptom picture is a mixture of premorbid cognitive and personal characteristics with the neuropsychological changes directly associated with brain pathology. By closely observing the patient's behavior, the clinician can teach him or her about the direct and indirect effects of brain damage. The book provides guidelines both for the remediation of higher cerebral disturbances and the management of patients interpersonal problems. It presents a new perspective on disorders of self-awareness and recovery as well as deterioration phenomena after brain injury. It will be an invaluable resource for psychologists, neurologists, and psychiatrists involved in neuropsychological rehabilitation.

The study of anosognosia has witnessed an unprecedented increase in interest over the last 20 years. This has resulted in numerous empirical investigations as well as theoretical writings on the nature of human consciousness and how disorders of the brain may influence the person's subjective awareness of a disturbed neurological or neuropsychological function. This edited text summarizes many of the advances that have taken place in the field of anosognosia. It reviews research findings on anosognosia for hemiplegia following stroke, Anton's syndrome, and a variety of disorders in which impaired self-awareness is common. It also provides suggestive guidelines for the management and rehabilitation of persons who have anosognosia or impaired self-awareness.

Sohlberg and Mateer's landmark introductory text helped put cognitive rehabilitation on the map for a generation of clinicians, researchers, educators, and students. Now, more than a decade later, the discipline has come of age. This new volume provides a comprehensive overview of this fast-evolving field. More than a revised edition, the text reflects the dramatic impact of recent advances in neuroscience and computer technology, coupled with changes in service delivery models. The authors describe a broad range of clinical interventions for assisting persons with acquired cognitive impairments—including deficits in attention, memory, executive functions, and communication—and for managing associated emotional and behavioral issues. For each approach, theoretical underpinnings are reviewed in depth and clinical protocols delineated. Difficult concepts are explained in a clear, straightforward fashion, with realistic case examples bringing the material to life. Also included are samples of relevant assessment instruments, rating scales, and patient handouts. Throughout, the new volume emphasizes the need to work from a community perspective, providing a framework for forming collaborative partnerships with families and caregivers. It is an essential resource for professionals across a wide variety of rehabilitation specialties, and will serve as a text in courses on rehabilitation methods and neurogenic disorders.

Combining the science of emotional trauma with concrete psychological techniques—including dream interpretation, journaling, mindfulness exercises, and meditation—Shulman's frank and empathetic account will help readers regain their emotional balance by navigating the passage from profound sorrow to healing and growth.

Employment outcomes in persons with traumatic brain injury (TBI) are far from ideal and have serious implications for quality of life and financial well-being post-injury. Numerous potential correlates of return to work, including locus of control and awareness of deficit, have been examined in past studies with mixed findings. The current study investigated these issues in a relatively ignored segment of the TBI population—those who receive services through state-funded vocational rehabilitation programs. Thirty State of Alaska Division of Vocational Rehabilitation (DVR) clients with TBI completed comprehensive interviews, the Patient Competency Rating Scale (PCRS), the Internal Control Index (ICI), and several neuropsychological test measures. Overall time spent working decreased from 75% pre-injury to 39% post-injury. Participants with poor vocational outcomes underestimated their level of impairment on the PCRS relative to informant ratings, and generally fared worse post-injury than participants with more accurate awareness of their limitations. Locus of control and cognitive function measures did not predict vocational outcome. Given the need for DVR clients to be aware of their deficits in order to set realistic goals, vocational counselors should address awareness of deficit early in the rehabilitation process to optimize employment outcomes and allocation of resources.

Presents a review of the effectiveness of rehabilitation interventions. This work includes evidence-based reviews of specific areas of brain injury rehabilitation, critiquing the methodological problems of studies in the area, and then outlining directions for research.

The Veterans Benefits Administration (VBA) provides disability compensation to veterans with a service-connected injury, and to receive disability compensation from the Department of Veterans Affairs (VA), a veteran must submit a claim or have a claim submitted on his or her behalf. Evaluation of the Disability Determination Process for Traumatic Brain Injury in Veterans reviews the process by which the VA assesses impairments resulting from traumatic brain injury for purposes of awarding disability compensation. This report also provides recommendations for legislative or administrative action for improving the adjudication of veterans' claims seeking entitlement to compensation for all impairments arising from a traumatic brain injury.

Every year, an estimated 1.7 million Americans sustain brain injury. Long-term disabilities impact nearly half of moderate brain injury survivors and nearly 50,000 of these cases result in death. Brain Neurotrauma: Molecular, Neuropsychological, and Rehabilitation Aspects provides a comprehensive and up-to-date account on the latest developments in the area of neurotrauma, including brain injury pathophysiology, biomarker research, experimental models of CNS injury, diagnostic methods, and neurotherapeutic interventions as well as neurorehabilitation strategies in the field of neurotrauma research. The book includes several sections on neurotrauma mechanisms, biomarker discovery, neurocognitive/neurobehavioral deficits, and neurorehabilitation and treatment approaches. It also contains a section devoted to models of mild CNS injury, including blast and sport-related injuries. Over the last decade, the field of neurotrauma has witnessed significant advances, especially at the molecular, cellular, and behavioral levels. This progress is largely due to the introduction of novel techniques, as well as the development of new animal models of central nervous system (CNS) injury. This book, with its diverse coherent content, gives you insight into the diverse and heterogeneous aspects of CNS pathology and/or rehabilitation needs.

Persisting neurobehavioural disability follows many forms of serious brain injury and acts as a major constraint on social independence. Rehabilitation services are often not organised in a way which addresses the needs of people with such disability, and relatively few professionals have experience in the clinical management of complex disability patterns which comprise the neurobehavioural syndrome. This book is a compilation of chapters, written by a group of clinicians with experience of post acute brain injury rehabilitation to ameliorate the social handicap experienced by a growing number of people who survive serious brain injury. The aim of the book is to describe the nature of neurobehavioural disability, how it translates into social handicap, and what can be done to address the problems generated by such handicap, through social and behavioural rehabilitation, vocational training, and family education. Consideration is also given to evaluating post-acute rehabilitation methods and selecting the most appropriate form of rehabilitation, both in terms of clinical and cost effectiveness. The book is aimed at clinical

psychologists, psychiatrists and neurologists working in brain injury rehabilitation, plus all the rehabilitation disciplines, and social workers. The book will also be of interest to relatives of brain injured people who are seeking a better knowledge base in order to understand neurobehavioural disability. Additionally, the book should be helpful to the growing number of therapy care assistants, case managers, and support workers, responsible for the day to day care of brain injured people in the community. The book is aimed at clinical psychologists, psychiatrists and neurologists working in brain injury rehabilitation, plus all the rehabilitation disciplines, and social workers. The book will also be of interest to relatives of brain injured people who are seeking a better knowledge base in order to understand neurobehavioural disability. Additionally, the book should be helpful to the growing number of therapy care assistants, case managers, and support workers, responsible for the day to day care of brain injured people in the community.

Anosognosia refers to lack of awareness of cognitive and executive deficits. It is a commonly reported problem after acquired brain injury (ABI) or stroke and often hinders an individual's ability to modify their behavior and to function in social situations or at work. This study concerned the question of whether the level of anosognosia after ABI predicts cognitive performance on standardized neuropsychological tests. It was hypothesized that lack awareness of cognitive deficits would be inversely related to performance on measures of cognitive performance. Archival data consisting of patient and observer ratings were derived from the Cognitive Complaints Survey (CCS), a 36-item survey providing both patient self report and an observer assessment of awareness. The scoring procedure for this test provided two discrepancy scores that assessed: deficit with awareness (DWA) and deficit without awareness (DWOA). The discrepancy scores were correlated with IQ scores measured from the Wechsler Adult Intelligence Scale, the Wechsler Memory Scale, and a measure of finger tapping speed. Results indicated that the DWOA measure did correlate significantly with finger tapping speed and a measure of non verbal working memory. The DWA measure did not correlate with any of the performance measures.

“Fascinating. Doidge’s book is a remarkable and hopeful portrait of the endless adaptability of the human brain.”—Oliver Sacks, MD, author of *The Man Who Mistook His Wife for a Hat* What is neuroplasticity? Is it possible to change your brain? Norman Doidge’s inspiring guide to the new brain science explains all of this and more An astonishing new science called neuroplasticity is overthrowing the centuries-old notion that the human brain is immutable, and proving that it is, in fact, possible to change your brain. Psychoanalyst, Norman Doidge, M.D., traveled the country to meet both the brilliant scientists championing neuroplasticity, its healing powers, and the people whose lives they’ve transformed—people whose mental limitations, brain damage or brain trauma were seen as unalterable. We see a woman born with half a brain that rewired itself to work as a whole, blind people who learn to see, learning disorders cured, IQs raised, aging brains rejuvenated, stroke patients learning to speak, children with cerebral palsy learning to move with more grace, depression and anxiety disorders successfully treated, and lifelong character traits changed. Using these marvelous stories to probe mysteries of the body, emotion, love, sex, culture, and education, Dr. Doidge has written an immensely moving, inspiring book that will permanently alter the way we look at our brains, human nature, and human potential.

This dissertation examined injury-based and emotional adjustment factors that may influence an individual's self-awareness of neurobehavioral deficits following traumatic brain injury (TBI). Two studies were completed to examine these issues in acute and post-acute rehabilitation settings using the reports of TBI patients and their significant-others. In Study 1, the Patient Competency Rating Scale (PCRS) and Self-Awareness of Deficits Interview were used to assess the patients' awareness of deficit, while the Profile of Mood States and the Grief Experiences Inventory were used to assess emotional adjustment. Six patients and significant-others were followed weekly during the course of inpatient rehabilitation, and were seen approximately one month after their discharge from hospital. While individual variability was observed, most patients reported minor changes in their level of competence and limited emotional distress. The individual perceptions of patients and of significant-others were generally consistent over the course of inpatient care, and variations in patients' emotional adjustment appeared to be reasonable reactions to circumstantial factors. The emotional adjustment of significant-others varied considerably among the individuals assessed, and this variability likely influenced their ratings of the patient. Staff ratings of the patients were also collected, and identified improvements in functional abilities over time. These results suggest that patient awareness is not a prerequisite for rehabilitation success. A lack of applied or practical experiences may also influence patients' ability to accurately rate their self-competence during the acute phase following TBI. Study 2 examined 166 individuals referred for post-acute rehabilitation, using the PCRS and the Katz Adjustment Scale (KAS-R) to assess awareness and emotional adjustment. Patients with a history of moderate and severe TBI showed good awareness of their abilities, based on PCRS Discrepancy Scores, while patients with mild TBI were likely to report greater impairments than observed by significant-others. TBI patients showed significant emotional adjustment difficulties on the KAS-R, regardless of the severity of their injury, and there was a strong positive association between patients' acknowledgement of neurobehavioral problems and ratings of their emotional adjustment. General intellectual ability was also strongly related to patients' report of difficulties, such that low IQ and poor emotional adjustment were associated with low ratings of self-competence. On the other hand, the general location of cerebral trauma was not strongly associated with deficits in awareness. Thus, the nature and severity of TBI appeared to be less important than IQ and emotional adjustment in the post-acute rehabilitation patients, although mildly injured patients are more likely to report neurobehavioral deficits than moderate or severely injured patients. Strengths and weakness of the self-other discrepancy approach to measuring self-awareness were considered, and a robust approach to awareness assessment, based on multiple measures, is recommended. Available options include structured interviews, self-report, clinical observation, or objective testing. Furthermore, the emotional adjustment of the patient appeared to become increasingly salient in the assessment of awareness during the post-acute phase, compared to the acute phase of recovery from TBI, where significant-other adjustment may be quite relevant.

Traumatic brain injury (TBI) may affect 10 million people worldwide. It is considered the "signature wound" of the conflicts in Iraq and Afghanistan. These injuries result from a bump or blow to the head, or from external forces that cause the brain to move within the head, such as whiplash or exposure to blasts. TBI can cause an array of physical and mental health concerns and is a growing problem, particularly among soldiers and veterans because of repeated exposure to violent environments. One form of treatment for TBI is cognitive rehabilitation therapy (CRT), a patient-specific, goal-oriented approach to help patients increase their ability to process and interpret information. The Department of Defense asked the IOM to conduct a study to determine the effectiveness of CRT for treatment of TBI.

The Handbook of Clinical Neurology volumes on Traumatic Brain Injury (TBI) provide the reader with an updated review of emerging approaches to TBI research, clinical

management and patient rehabilitation. Chapters in Part II offer coverage of clinical sequelae and long-term outcome, brain plasticity and long-term risks, and clinical trials. Contemporary investigations on blast injury and chronic traumatic encephalopathy are presented, making this state-of-the-art volume a must have for clinicians and researchers concerned with the clinical management, or investigation, of TBI. Internationally renowned scientists describe cutting edge research on the neurobiological response to traumatic brain injury, including complications to movement, mood, cognition and more Explores cellular/molecular and genetic factors contributing to plasticity Presents up-to-date expert recommendation for clinical trials and issues related to effective rehabilitation New findings are included on the long-term effects of traumatic brain injury that may impact aging and lead to dementia

The administration of psychological care to persons with brain disorders requires a series of skills that integrate the knowledge of clinical neuropsychology with developmental psychology, psychotherapy, rehabilitation, and the study of the humanities. In *Clinical Neuropsychology and the Psychological Care of Persons with Brain Disorders*, Dr. Prigatano describes his approach to this complex topic. He reviews some of the defining characteristics of human nature, and blends that discussion with an understanding of how the brain normally develops and declines with age. The psychological struggles of people at each stage of development are further described as different brain disorders occur at different times in development.

Whether caused by illness, accident, or incident, brain injury requires multi-tiered resources for the patient and considerable external care and support. When recovery is sidelined by depression, anger, grief, or turmoil, family members and the support network have critical roles to play and need their own guidance and compassionate therapeutic interventions. *Psychotherapy for Families after Brain Injury* offers theoretical frameworks and eclectic techniques for working effectively with adult patients and their families at the initial, active and post-treatment phases of rehabilitation. This practical reference clarifies roles and relationships of the support network in interfacing with the loved one and addresses the understandably devastating and sometimes derailing emotions and psychosocial adversities. The content promotes psychoeducation and guided exercises, delineates "helpful hints" and coping tools and proffers multimedia resources to overcome hurdles. Constructs of awareness, acceptance and realism for all parties are woven throughout, along with ideas to enhance the support network's commitment, adjustment, positivity, hope and longevity. Case excerpts, instructive quotes from caregivers and nuggets of clinical advice assist in analyzing these and other topics in salient detail: The impact of brain injury on different family members. Treatment themes in early family sessions. Family therapy for moderate to severe brain injury, concussion and postconcussion syndrome. Family therapy after organic brain injury: stroke, anoxia, tumor, seizure disorders. Family group treatment during active rehabilitation. End-of-life and existential considerations and positive aspects of care giving. Aftercare group therapy for long-term needs. The hands-on approach demonstrated in *Psychotherapy for Families after Brain Injury* will enhance the demanding work of a range of professionals, including neuropsychologists, clinical psychologists, rehabilitation psychologists, family therapists, marriage and family counselors, psychiatrists, behavioral/mental health counselors, clinical social workers, rehabilitation specialists such as speech-language pathologists, physical and occupational therapists, and graduate students in the helping professions. Awareness of Deficit After Brain Injury Clinical and Theoretical Issues Oxford University Press on Demand

Alzheimer's disease (AD) is a devastating and dehumanizing illness affecting increasingly large numbers of elderly and even middle-aged persons in a worldwide epidemic. *Alzheimer's Disease: A Physician's Guide to Practical Management* was written by selected clinicians and scientists who represent some of the world's leading centers of excellence in AD research. The editors are proud and grateful for their profound contributions. This book is particularly designed to assist physicians and other health-care professionals in the evaluation, assessment, and treatment of individuals with AD. At the same time, by illuminating the basic scientific background, we hope to provide state-of-the-art information about the disease and possible future therapeutic strategies. The recent psychiatric treatment aspects of AD are also clearly presented. Because the early diagnosis of the dementia process is now considered of increasing importance, we focus particularly in several chapters on early changes and preclinical conditions, such as mild cognitive impairment and predementia AD.

From a contemporary perspective, *Classic Cases in Neuropsychology, Volume II* reviews important and significant cases described in historical and modern literature where brain damage has been sustained. The single case study has always been of central importance to the discipline of neuropsychology. Cognitive neuropsychology and cognitive neurolinguistics search for universal structures in thought processes, and single patients are an important means to that end. The role of the single case study in the historical development of the field and its increasing contribution to contemporary work is therefore recognised as crucial. This follow-up to the successful *Classic Cases in Neuropsychology* (1996) brings together more of the important case investigations which have shaped the way we think about the relationships between brain, behaviour and cognition. The book includes cases from the rich history of neuropsychology as well as important contemporary case studies in the fields of memory, language and perception. Some of the cases described are rare, some are seminal in the field, many were the first of their type to be described and gave rise to new theories, and some are still controversial. As in the first volume, each chapter highlights the relevance of the case to the development of neuropsychology and discusses the theoretical implication of the findings. *Classic Cases in Neuropsychology, Volume II* will be essential reading for students and researchers alike in the fields of neuropsychology and neuroscience. It will also be of interest to speech and language pathologists, therapists and clinicians in this area. This study sought to examine how effectively concussed college athletes are able to predict the effects of their concussion on their neuropsychological testing performance. Performance prediction tasks are often used to assess an individual's level of self-awareness, an area of deficit that has commonly been noted following more severe forms of traumatic brain injury. Little research has been conducted on the effects of sports-related concussion on an athlete's self-awareness. Surveys were administered to athletes before and after neuropsychological testing to assess an athlete's awareness of any deficits since their concussion and whether the athlete expected their concussion to affect their testing performance. Results indicate that athlete report of symptoms is most likely not a good indicator of when an athlete can be safely returned to play following a concussion due to inconsistent report of symptoms and the possible presence of impaired self-awareness or denial.

This volume provides, for the first time, multidisciplinary perspectives on the problem of awareness of deficits following brain injury. Such deficits may involve perception, attention, memory, language, or motor functions, and they can seriously disrupt an individual's ability to function. However, some brain-damaged patients are entirely unaware of the existence or severity of their deficits, even when they are easily noticed by others. In addressing these topics, contributors cover the entire range of neuropsychological syndromes in which problems with awareness of deficit are observed: hemiplegia and hemianopia, amnesia, aphasia, traumatic head injury, dementia, and others. On the clinical side, leading researchers delineate the implications of awareness of deficits for rehabilitation and patient management, and the role of defense mechanisms such as denial. Theoretical discussions focus on the importance of awareness disturbances for better understanding such cognitive processes as attention, consciousness, and monitoring.

Reflecting current practice with a renewed focus on function-based assessments and evidence-based interventions, *Cognitive and Perceptual Rehabilitation: Optimizing Function* includes all of the tools you need to make a positive impact on your patients' lives. This clinical resource summarizes, highlights, and constructively critiques the state of cognitive and perceptual rehabilitation. This text helps you enhance your patients' quality of life by promoting improved performance of necessary and meaningful activities, and decreasing participation restrictions. Evidence-based intervention tables focus on improving daily function through proven methods. Summary tables highlight each assessment's clinical utility and psychometric properties to provide you with the tools you need to choose the best assessment for each patient. An entire chapter on Application of Concepts features five case studies, each discussing background data and medical record review, evaluation findings, assessments, long-term goals, short-term goals, and interventions/functional activities to help you apply the theories and principles from the book to real-world situations. Handy learning aids including Key Terms, Learning Objectives, and Review Questions help you remember important information.

The third edition of *Cognitive Communication Disorders* remains a vital resource for graduate courses that address cognitively based communication disorders. Students, instructors, and clinicians will benefit from the text's comprehensive discussion of cognitive processes and deficits, including attention, memory, executive functions, right hemisphere brain damage, dementia, combat-related mild traumatic brain injury, and traumatic brain injury and the impact that deficits in these cognitive domains may have on language and communication. New to the Third Edition: *A new chapter covering Primary Progressive Aphasia *An expanded chapter on mild cognitive impairment (MCI) addressing concussion related communication disorders *Updated and expanded information on assessment of disordered cognitive processes *Case studies to illustrate principles of clinical management of cognitive communication disorders. Through contributions from a renowned group of contributors, this text provides a comprehensive review of theoretical and applied research on cognitive communication disorders. The renowned contributors include Margaret Lehman Blake, Carole R. Roth, Fofi Constantinidou, Heather Dial, Maya Henry, Jessica Brown, Kathryn Hardin, Nidhi Mahendra, Mary H. Purdy, Sarah E. Wallace, and Sarah N. Villard.

There are very few books available which are concerned with the unique communication problems that can come with traumatic brain injury (TBI). In recent years there has emerged a realisation that these difficulties in communication are closely tied to the cognitive, behavioural and social problems observed following traumatic brain injury. This is changing the way people with TBI are assessed and is generating new approaches to rehabilitation. This volume will be of interest to psychologists, speech pathologists and therapists and linguists. Clinicians and researchers working with people with traumatic brain injury, and their students, will find it a comprehensive source of contemporary approaches to characterising the communication problems of people with TBI and for planning rehabilitation.

There has been significant progress in the field of neurorehabilitation over the past twenty years, particularly in the assessment and management of cognitive impairment. More recently, the stakeholders in neurorehabilitation - clinicians, researchers, purchasers of services and clients - have become aware of the need to develop systems and services for managing the wide ranging psycho-social sequelae of acquired brain injury (ABI). Mood, behavioural and neuropsychiatric conditions have been found to be highly prevalent. Such disorders, at clinical or sub-clinical levels, are disturbing for clients themselves, and for their families, and present a challenge for enabling survivors to regain social roles. Many individuals also experience difficulties in related areas, such as pain management, drug and alcohol misuse, and in maintaining relationships. Given the wide-ranging psychological, psychiatric, health and social sequelae of ABI, rehabilitation services are often responding to people whose needs are complex and for which the evidence base for practice may be limited. In this Special Issue of *Neuropsychological Rehabilitation*, leading international experts provide reviews of current thinking on mood, behaviour and neuropsychiatric conditions, along with issues of drug and alcohol use, pain, sexuality and relationships after brain injury. Assessment and management issues are addressed, along with implications for service delivery in developed and in developing world contexts. This Special Issue will be invaluable to a wide range of neurorehabilitation professionals including clinical psychologists, neuropsychologists, speech and language therapists, occupational therapists, neurologists, neuropsychiatrists, clinical nurse specialists, physiotherapists, and case managers. The volume will also be of benefit to those planning or purchasing brain injury rehabilitation services.

The potential of behavioural approaches for improving the lives of people with acquired brain injury is immense. Here that potential is laid out and explored with a thoroughgoing regard for clinical practice and the theoretical frameworks that underpin that practice. This book will prove an invaluable resource for clinical psychologists and the whole range of therapists working with patients suffering from acquired brain damage.

This comprehensive textbook provides an up-to-date and accessible account of the theories that seek to explain the complex relationship between brain and behaviour. Drawing on the latest research findings from the disciplines of neuropsychology, neuroscience, cognitive neuroscience and cognitive neuropsychology, the author provides contemporary models of neuropsychological processes. The book provides a fresh perspective that takes into account the modern advances of functional neuroimaging and other new research techniques. The emphasis at all times is on bridging the gap between theory and practice - discussion of theoretical models is framed in a clinical context and the author makes frequent use of case studies to illustrate the clinical context. There is coverage of the neuropsychology of disorders associated with areas such as perception, attention, memory and language, emotion, and movement. A third-generation text, this book uniquely aims to integrate these different areas by describing the common influences of these functions. Following on from this there is information on the clinical management of patients in the area of recovery and rehabilitation. These last chapters focus on the author's own experience and illustrate the importance of a more systematic approach to intervention, which takes into account theoretical views of recovery from brain damage.

Neuropsychology: From Theory to Practice is the first comprehensive textbook to cover research from all disciplines committed to understanding neuropsychology. It will provide a valuable resource for students, professionals and clinicians.

This book collects and synthesizes the latest thinking on the condition in its variety of cognitive and behavioral presentations, matched by a variety of clinical responses. Acknowledging the continuum of injury and the multi-stage nature of recovery, expert contributors review salient research data and offer clinical guidelines for the neuropsychologist working with TBI patients, detailing key areas of impairment, brief and comprehensive assessment methods and proven rehabilitation strategies. Taken together, these chapters provide a framework for best serving a wide range of TBI patients (including children, elders, and patients in multidisciplinary settings) and model treatment that is evidence-based and relevant. A sample of the topics featured in the Handbook: Bedside evaluations in TBI. Outcome assessment in TBI. Collaborating with family caregivers in the rehabilitation of persons with TBI. Behavioral assessment of acute neurobehavioral syndromes to inform treatment. Pediatric TBI: assessment, outcomes, intervention. Special issues with mild TBI in veterans and active duty service members. Expanding professional knowledge on a topic that continues to grow in importance, the Handbook on the Neuropsychology of Traumatic Brain Injury is a premier resource, not only for neuropsychologists but also for other professionals in cognitive care, and trainees entering the field.

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