Chapter 14 Teachers

1. Some of the first signs of neurological disorders (such as dementia, brain injury or stroke) are deficits in basic cognitive functions such as perception, learning, memory, attention, language and visuo-spatial skills, and also deficits in skills that involve problem-solving, planning and engaging in goal-directed behaviour. These are known as
   a. Executive functions (A)
   b. Directive functions
   c. Management functions
   d. Slave functions

2. Neurological disorders do not only generate deficits in basic cognitive functioning, they can also affect which two of the following?
   a. disposition (A & B)
   b. personality
   c. mood
   d. attachment

3. Clinical psychologists are also centrally involved in the development of rehabilitation programmes that may have a variety of aims, which include which of the following?
   a. Restoring previously affected cognitive and behavioural functions
   b. Helping clients to develop new skills to replace those that have been lost as a result of tissue damage
   c. Providing therapy for concurrent depression, anxiety or anger problems
   d. All of the above (A)

4. A common feature of many neurological disorders is known as
   a. Amnesia (A)
   b. Babesia
   c. Dyskynesia
   d. All of the above

5. If the neurological condition is caused by a specific traumatic event (such as a head injury), the individual may be unable to recall anything from the moment of the injury or to retain memories of recent events. This is known as:
   a. anterograde amnesia (A)
   b. retrograde amnesia
   c. postevent amnesia
   d. antenatal amnesia

6. In the 2000 film “Memento” the lead character, Leonard is unable to form new memories as a result of an earlier head injury caused by an assailant. This is known as
6. Some of the first indications of neurological problems are when an individual shows which of the following signs?
   a. Lack of attention,
   b. Being easily distracted
   c. Performing well-learned activities more slowly than before
   d. All of the above (A)

7. Language deficits are one of the most common features of neurological disorders, and are collectively known as
   a. Aphasias (A)
   b. Dysphasias
   c. Alogias
   d. Anomias

8. Language impairments can take many forms, including which of the following?
   a. An inability to comprehend or understand speech or to repeat speech accurately and correctly
   b. The production of incoherent, jumbled speech
   c. An inability to initiate speech or respond to speech with anything other than simple words
   d. All of the above (A)

9. The production of incoherent, jumbled speech is known as
   a. Fluent aphasia (A)
   b. Nonfluent aphasia
   c. Disruptive aphasia
   d. Anomic aphasia

10. An inability to initiate speech or respond to speech with anything other than simple words is known as
    a. Fluent aphasia
    b. Nonfluent aphasia (A)
    c. Disruptive aphasia
    d. Anomic aphasia

11. Disruption of the ability to speak is known generally as
    a. Broca’s aphasia (A)
    b. Wernicke’s aphasia
    c. Beidecker’s aphasia
    d. Warnick’s aphasia
12. A deficit in the comprehension of speech involving difficulties in recognising spoken words and converting thoughts into words is known as

a. Wernicke’s aphasia (A)
b. Broca’s aphasia
c. Beidecker’s aphasia
d. Warnick’s aphasia

13. Wernicke’s aphasia is associated with damage to which regions of the brain?

a. Behind the frontal lobes (A)
b. In front of the hippocampus
c. Behind the cerebellum
d. The left frontal lobe

14. Broca’s aphasia is associated with damage to which regions of the brain

a. Behind the frontal lobes
b. The left frontal lobe (A)
c. Behind the cerebellum
d. In front of the hippocampus

15. Broca’s aphasia consists of difficulties with word ordering which is known as

a. Aggramatism (A)
b. Anomia
c. Dyslexia
d. Alogia

16. In some neurological disorders the individual may be unable to recognise everyday objects and name them correctly. This is known as

1. Agnosia (A)
2. Prosopagnosia
3. Anomia
4. Aphasonomia

17. Some neurological disorders are characterised by impairments in motor performance and coordination. This is known as

a. Apraxia (A)
b. Dyspraxia
c. Anapraxia
d. Amotoria

18. Deficits in Executive Functions: reflects the inability to effectively problem-solve, plan, initiate, organise, monitor and inhibit complex behaviours. These functions are normally associated with which area of the brain?
a. The prefrontal cortex (A)
b. The neocortex
c. The corpus callosum
d. The cerebellum

19. A widely used test of executive functioning is the
   a. Wisconsin card sorting test (A)
   b. Manhattan card sorting test
   c. Quebec number sorting task
   d. Minnesota number ordering test

20. Deficits in executive functioning are revealed in everyday behaviour by examples of
    which of the following
   a. poor judgement
   b. inappropriate behaviour
   c. erratic mood swings
   d. All of the above (A)

21. Identifying that someone has a neurological disorder is a difficult and often lengthy
    process. Assessment is important for which of the following reasons
   a. determining the actual nature of any deficits and the location of any related tissue
      damage in the brain
   b. providing information about onset, type, severity and progression of symptoms
   c. helping to discriminate between neurological deficits that have an organic basis
      and psychiatric symptoms that do not
   d. all of the above (A)

22. Which of the following is one of the most widely used tests for neurological
    disorders worldwide. This contains scales that measure vocabulary, arithmetic
    ability, digit span, information comprehension, letter-number sequencing,
    picture completion ability, reasoning ability, symbol search and object assembly
    ability.
   a. The Wechsler Adult Intelligence Scale (A)
   b. The Wisconsin card sorting test
   c. The Minnesota neurological function test
   d. The Watson Intelligence Scale

23. In the UK, a test designed by Coughlan & Hollins, (1985) is in wide use, and this
    comprises two tests of speed of information processing, verbal memory tests
    (list learning and story recall), and visual memory tests (design learning and
    figure recall). It is known as
   a. The Adult Memory and Information Processing Battery (AMIPB) (A)
   b. The Information Processing test (IPT)
   c. The Adult Executive Function Scale (AEFS)
   d. The Memory Battery (MB)
24. One of the most common neuropsychological tests used in the US. is known as

a. Halstead-Reitan Neuropsychological Test Battery (A)
b. Honda-Reichstaadt Neuropsychological Test Battery
c. Haeffner-Risch Neuropsychological Test Battery
d. Hochman-Roider Neuropsychological Test Battery

25. Halstead-Reitan Neuropsychological Test Battery (Broshek & Barth, 2000 has been compiled to evaluate brain and nervous system functioning across a fixed set of how many tests?

a. 8 (A)
b. 12
c. 6
d. 5

26. In contrast to some of the long neurological tests some other tests have been developed to be quick and simple to implement, and to provide a reasonably reliable indication of general level of impairment. One such test is the

a. mini-mental state examination (MMSE) (A)
b. mini-memory state examination (MMSE)
c. short information processing assessment (SIPA)
d. Quick IQ test (QIQT)

27. Diagnosis is made difficult by the fact that the symptoms and deficits found in neurological disorders often closely resemble those of other psychopathologies. For example, language deficits, information-processing deficits, and deficits in executive functions may also be symptoms of which of the following psychopathologies?

a. Schizophrenia (A)
b. Depression
c. Post Traumatic Stress Disorder
d. Generalised Anxiety Disorder

28. Diagnosis is made difficult by the fact that the symptoms and deficits found in neurological disorders often closely resemble those of other psychopathologies. For example amnesia may also be symptom of which of the following psychopathologies?

a. Dissociative disorders (A)
b. Depression
c. Generalised Anxiety Disorder
d. Obsessive Compulsive Disorder
29. DSM-IV-TR identifies two broader diagnostic syndromes into which many neurological disorders fall. These are
   a. Delirium
   b. Dementia (A & B)
   c. Dislocia
   d. Dyspareunia

30. DSM-IV-TR identifies two broader diagnostic syndromes into which many neurological disorders fall. Dementia is one which is characterised by which of the following
   a. The impairment of basic cognitive functions. (A)
   b. The impairment of physical abilities
   c. The impairment of memory
   d. All of the above

31. DSM-IV-TR identifies two broader diagnostic syndromes into which many neurological disorders fall. Delirium is one which is characterised by which of the following
   a. Confused and disorganised behaviour, (A)
   b. The impairment of basic cognitive functions.
   c. The impairment of physical abilities
   d. The impairment of memory

32. Delirium appears to result from widespread disruption of brain metabolism and neurotransmitter activity that can be triggered by a range of events. Which of the following is not considered to be one of these
   a. Traumatic head injury,
   b. Sleep loss
   c. Surgery
   d. Physical exertion (A)

33. The prevalence rate of delirium in the general population is
   a. 0.4% (A)
   b. 0.6%
   c. 1.4%
   d. 1.6%

34. The prevalence of delirium in the population aged 55-years and older is
   a. 11% (A)
   b. 15%
   c. 22%
   d. 5%

35. Which of the following is an early prominent symptom of dementia
a. Memory impairment (A)
b. Loss of physical abilities
c. Language impairment
d. Hearing loss

36. When diagnosing a neurological disorder such as dementia, the clinician will also attempt to classify it according to its cause. Specific causes that have been identified include which of the following?

a. Alzheimer’s Disease
b. Pick’s Disease
c. Parkinson’s Disease
d. All of the above (A)

37. Which of the following is NOT one of the main sub-types of cerebral infection that can give rise to neurological impairments?

a. Encephalitis,
b. Meningitis,
c. Cerebral abscess
d. Spyrolosis (A)

38. Encephalitis refers to infections that cause an inflammation of the brain resulting from the direct infection of the brain by a virus. Which of the following is NOT a common symptom?

a. irritability,
b. convulsive seizures
c. delirium
d. headache (A)

39. Meningitis refers to that class of infections that cause inflammation of the meninges. This is the

a. Membranous covering of the brain and spinal cord (A)
b. Spinal fluid
c. Main part of a neurone

d. Axon terminal

40. Symptoms of meningitis include which of the following

a. fever,
b. headache,
c. drowsiness
d. all of the above (A)

41. Which of the following is not a symptom of meningitis

a. stiffness in the neck,
b. irritability
c. memory deficits.
d. Language impairment (A)

42. Another type of neurological infection is the Cerebral Abscess, which is an inflammation in the brain

a. That becomes localised because it is contained in connective tissue (A)
b. That effects the membranous covering of the brain and spinal cord
c. That only effects the frontal lobes
d. That is localised to the cerebellum

43. Early symptoms of a Cerebral abscess are usually

a. headache,
b. muscle weakness,
c. visual changes,
d. All of the above (A)

44. Meningitis is still an important cause of death and neurological deficit worldwide, with a mortality rate between
45. According to van de Beek, Schmand, de Gans, Weisfelt et al., (2002) even when individuals have made a good recovery from the disease itself they may be evidence of which of the following?

a. Cognitive slowness (A)
b. Deafness
c. Blindness
d. Physical deficits

46. Among the viruses that can infect the brain is the human immunodeficiency virus type 1 (HIV-1). The HIV virus tends to enter the central nervous system early in the illness, and neurological difficulties can develop in up to what percentage of those infected with the virus? (Ghafouri, Amini, Khalili & Sawaya, 2006)

a. 60% (A)
b. 70%
c. 80%
d. 40%
47. On many occasions, the impairments caused by infection are usually minor, but over the many years that a sufferer may be hosting the virus, it may induce multiple symptoms of motor and cognitive dysfunction and create a syndrome of impairment that is known as

a. HIV dementia (A)

b. HIV praecox

c. HIV dysphasis

d. HIV delusion

48. Major clinical symptoms of HIV dementia include

a. Impaired short-term memory

b. Lack of concentration

c. Leg weakness

d. All of the above (A)

49. A less disabling form of HIV dementia is known as

a. Minor cognitive motor disorder (MCMD) (A)

b. Major cognitive motor disorder (MCMD)

c. Minor information processing disorder (MIPD)

d. Major information processing disorder (MIPD)
50. A less disabling form of HIV dementia is known as minor cognitive motor disorder (MCMD), and consists of memory loss and reduction of cognitive and computational functions, and this appears to affect around

a. 30% of those with HIV (A)
b. 40% of those with HIV
c. 50% of those with HIV
d. 60% of those with HIV

51. “Mad cow disease” is a fatal infectious disease known as:

a. Spongiform encephalopathy (A)
b. Spongiform meningitus
c. Spongiform Spirilosis
d. Meningial encephalopathy

52. “Mad cow disease” is a fatal infectious disease known as spongiform encephalopathy that attacks the brain and central nervous system. Outbreaks of the disease hit epidemic proportions amongst cattle in the UK during the 1980s, and evidence suggests that the disease was transmitted to humans through contaminated beef. In humans, this became known as:

a. Parkinson’s Disease (PD)
b. Creutzfeldt-Jakob Disease (vCJD) (A)
c. Chronic Fatigue Syndrome (CFS)
d. Encephalitis Occurrence (EO)
53. Early signs of variant Creutzfeldt-Jakob Disease (vCJD) include changes in mood, temperament and behaviour followed by impairments in memory and concentration, and confused thinking. The infectious agent in vCJD is thought to be the:
   a. Prion (A)
   b. MRSA
   c. Ion
   d. Hemoglobin

54. In brain injury, when impact to the head jars the brain and temporarily disrupts its normal functioning, this is known as:
   a. Encephalitis
   b. Concussion (A)
   c. Migraine
   d. Contusion

55. Which of the following is a symptom of closed head injury or head trauma?
   a. Vomiting
   b. Loss of short-term memory
   c. Perseverating
   d. All of the above (A)
56. In brain injury a severe trauma in which the brain is not just jarred but the impact also causes bruising to the brain is known as:
   a. Concussion
   b. Contusion (A)
   c. Encephalitis
   d. Crainitus

57. Contusion is a more serious brain injury than concussion and may result in the patient falling into a coma for hours or days and exhibiting convulsions. On regaining consciousness victims may often exhibit which of the following symptoms?
   a. Delirium
   b. Hallucinations
   c. Agitated behaviour
   d. All of the above (A)

58. Sportsmen such as boxers may suffer brain injury indicative of contusion, and repeated episodes of contusion can lead to more permanent impairments such as tremors, dizziness, cognitive slowness, and memory loss. This is a syndrome known as:
   a. Dementia pugilistica (A)
   b. Dementia nervosa
   c. Knock-out delirium
   d. Dementia particular
59. Penetrating head injury or open head injury is one in which the skull and outer layer of the meninges is breached. One famous example of a penetrating head injury is the case of Phineas P. Gage who blew a tamping iron through his head. Gage appeared to make a full physical recovery, apart from exhibiting significant changes in behaviour and personality. It is now believed that the tamping iron may have caused significant damage to which areas of the brain.
   a. The corpus callosum
   b. The hippocampus
   c. The frontal lobes (A)
   d. The amygdale

60. Damage to brain tissue can also occur as a result of a cardiovascular accident (CVA). This is also known as:
   a. Cardiac arrest
   b. A stroke (A)
   c. A Cerebral abscess
   d. Thrombosis

61. When the blood flow to the brain is impeded in some way, resulting in damage to the brain tissue fed by that blood flow, this is known as:
   a. Thrombosis
   b. An infarction (A)
   c. Cardiac arrest
   d. A haemorrhage
62. When a blood vessel in the brain ruptures and affects local brain tissue, this is known as:
   a. Haemorrhage (A)
   b. A stroke
   c. A Cerebral abscess
   d. An infarction

63. The most common causes of infarction are an embolism or a thrombosis. A cerebral embolism is:
   a. A blood clot that forms somewhere in the body before travelling through the blood vessels and lodging in the brain (A)
   b. A blood clot that forms in the lung, then travels to the heart
   c. A blood clot in the brain
   d. Blood flow to the brain is impeded in some way

64. Haemorrhaging in the brain is often the result of hypertension or high blood pressure, and is often due to:
   a. An aneurysm (A)
   b. A haemorrhage
   c. An infarction
   d. A cardiac arrest
65. Strokes are remarkably common – especially in individuals over the age of 65 years. In the UK, an estimated:
   a. 130,000 (A)
   b. 50,000
   c. 600,000
   d. 20000
   people a year suffer a stroke

66. Strokes are remarkably common. In the UK what is the number of people under 30 years of age who suffer strokes?
   a. Around 1000 (A)
   b. Around 10
   c. Around 100
   d. Around 200

67. Strokes are the third most common cause of death in the UK, and the single most common cause of disability, and over how many people currently live in the UK with a disability caused by a stroke?
   a. 250,000 (A)
   b. 1000
   c. 750,000
   d. 100
68. Symptoms of a stroke often occur very suddenly and unexpectedly. Symptoms include:
   a. Numbness
   b. Paralysis on one side of the body
   c. Slurred speech
   d. All of the above (A)

69. According to Bryan, Wells, Miller, Elster et al. (1997). The prevalence of “silent strokes” in 55-64 year-olds has been estimated at:
   a. 11% (A)
   b. 25%
   c. 43%
   d. 2%

70. Which of the following is a common long term symptom of a stroke?
   a. Aphasia
   b. Agnosia
   c. Apraxia
   d. All of the above (A)

71. According to Bryan, Wells, Miller, Elster et al. (1997). The prevalence of “silent strokes” in 80-85 year-olds has been estimated at:
   a. 40% (A)
   b. 80%
72. Depression in particular is a common and significant consequence of strokes, and pooled studies suggest that between what percent of stroke victims meet DSM-IV-TR criteria for major depression?
   a. 14-19% (A)
   b. 20-30%
   c. 5-7%
   d. 33-45%

73. A brain tumour is any intracranial tumor created by abnormal and uncontrolled cell division, normally either found in the brain itself, in the cranial nerves, or outside the brain but inside the skull (usually in the meninges). Tumours may originate in a different part of the body as cancer cells in the lungs, breast, kidneys or stomach, and subsequently travel to the brain via the bloodstream. Those that originate in the brain are called:
   a. Primary brain tumors (A)
   b. Tertiary tumors
   c. Infarctual tumors
   d. Secondary brain tumors
74. If a tumor goes undetected and continues to grow, it can cause extreme physical and psychological symptoms, including splitting headaches, vomiting and seizures, and sudden and radical changes in personality and behaviour. Some individuals display a reckless regard for others' personal safety, a lack of remorse, and a lack of planning according to Damasio, Tranel & Damasio (1990). This is known as:

a. Acquired sociopathy (A)
b. Acquired psychopathology
c. Sociopathic disfunction
d. Social phobia

75. Degenerative disorders represent those dementias that are characterised by a slow, general deterioration in cognitive, physical and emotional functioning as a result of progressive physical changes in the brain. Deterioration occurs gradually over a number of years, and degenerative disorders are most frequently a feature of older age, where around what percent of individuals over 65 years-of-age have diagnosable signs of degenerative dementia?

a. 7% (A)
b. 17%
c. 23%
d. 37%
76. Degenerative disorders represent those dementias that are characterised by a slow, general deterioration in cognitive, physical and emotional functioning as a result of progressive physical changes in the brain. Deterioration occurs gradually over a number of years, and degenerative disorders are most frequently a feature of older age, where around what percent of individuals over 85 years-of-age have diagnosable signs of degenerative dementia?
   a. 30% (A)
   b. 10%
   c. 40%
   d. 60%

77. According to DSM-IV-TR, what percentage of individuals between 65-69 years are diagnosed with degenerative dementia disorders?
   a. 1.4-1.6% (A)
   b. 2.5-5%
   c. 7.5-9%
   d. 9.5-11%

77. According to DSM-IV-TR, what percentage of individuals over 85 years are diagnosed with degenerative dementia disorders?
   a. 16-25% (A)
   b. 33-45%
   c. 50-60%
   d. 45-65%
78. Alzheimer’s Disease is the most common form of dementia. It is a slowly progressive disorder and according to Davies, Wolska, Hilbich et al (1988), neural damage may start how many years before any overt cognitive or behavioural signs of impairment?
   a. 20-30 yrs (A)
   b. 5-10 yrs
   c. 2 yrs
   d. 50 yrs

79. The changes that occur to the brain during Alzheimer’s disease appear to be structural and involve the development of:
   a. Beta amyloid plaques (A)
   b. Alpha beta plaques
   c. Beta blocker plaques
   d. Alpha beta plaques

80. Abnormal collections of twisted nerve cell threads which result in errors in impulses between nerve cells and eventual cell death. These are known as?
   a. Neurofibrillary tangles (A)
   b. Neuroligation knots
   c. Neuroligand tangles
   d. Synaptic stress
81. Another factor that is thought to be important in Alzheimer's disease is the faulty production of the brain neurotransmitter:
   a. Acetylcholine (A)
   b. Glutamate
   c. Dopamine
   d. Serotonin

82. There appears to be a significant inherited component to Alzheimer's Disease. Korten, Jorm, Henderson et al. (1993) estimate that what percentage of first-degree relatives of sufferers also develop the disorder?
   a. 50% (A)
   b. 20%
   c. 10%
   d. 60%

83. There appears to be a significant inherited component to Alzheimer's Disease. According to Gatz, Reynolds, Fratiglioni, Johansson et al. (2006) twin studies suggest that the heritability of the disease is between:
   a. 58-79% (A)
   b. 25-38%
c. 10-28%

d. 80-95%

84. Parkinson's Disease is a progressive neurological condition affecting movements such as walking, talking, and writing, and it causes psychological disturbance in between 40-60% of sufferers. Which of the following is a symptom of Parkinson’s Disease?

a. Tremor

b. Slowness of movement

c. Stiffness or rigidity of muscles

d. All of the above (A)

85. Parkinson's Disease occurs as a result of damage in the basal ganglia - particularly the region of the basal ganglia known as the:

a. Substantia nigra (A)

b. Substantia fibres

c. Substantia plaques

d. Substantia synapse
86. According to the Parkinson’s Disease Society (2006), it is estimated that how many people in the UK suffer from Parkinson’s Disease?

a. 120,000 (A)

b. 20,000

c. 40,000

d. 500,000

87. The fact that depression appears to be a biological risk factor for a number of degenerative dementias has given rise to the view that depression may be accompanied by an allostatic state, which is:

a. A biological state of stress (A)

b. A psychological state of stress

c. A hypnotic state of stress

d. A beurological state of stress

88. Post-mortem studies of individuals with Parkinson’s Disease suggest an association between dementia and Lewy body deposition. Lewy bodies are:

a. Abnormal protein deposits that disrupt the brain's normal functioning (A)

b. Abnormal calcium deposits that disrupt the brain's normal functioning
c. Abnormal colloid deposits that disrupt the brain's normal functioning

d. Abnormal acetylcholine deposits that disrupt the brain's normal functioning

89. Lewy body dementia also exists in a pure form accounting for what percent of dementias?
   a. 15% (A)
   b. 25%
   c. 35%
   d. 45%

90. Huntington's Chorea is an inherited, degenerative disorder of the central nervous system, caused by a dominant gene. This means that everyone who inherits the gene from one of his/her parents will develop the disease with:
   a. 50% likelihood (A)
   b. 20% likelihood
   c. 60% likelihood
   d. 10% likelihood
91. The genetic abnormality in Huntington’s Chorea is found on the fourth chromosome. This results in the production of a protein which causes cell death in the basal ganglia. This protein is called:

a. Mutant Huntington (mHtt) (A)
b. Abnormal Huntington (aHtt)
c. Atypical Huntington (aHtt)
d. Malignant Huntington (mHtt)

92. Multiple Sclerosis (MS) is a degenerative neurological condition which results in the destruction of the myelin sheaths that surround nerve cells and facilitate transmission of nerve impulses in the brain and central nervous system. Cognitive impairments are reported in up to what percentage of MS patients?

a. 70% (A)
b. 20%
c. 50%
d. 10%

93. Which of the following is NOT a cholinesterase inhibitor that is known to help slow the progress of degenerative disorders such as Alzheimer’s Disease?
94. Parkinson’s Disease is associated with degeneration in the substantia nigra area of the brain, where the important neurotransmitter dopamine is produced. The main drug that is used to counteract this decline in dopamine is:
   a. Eldopa
   b. Levodopa (A)
   c. Antidope
   d. Nodopamine

95. Medication can also be successful in reducing disability following cerebrovascular accidents such as strokes. The use of drugs to break up or dissolve blood clots is called?
   a. Thrombolytic therapy (A)
   b. Disspersal therpay
   c. Anticlotyic therapy
d. Cerebrovascular therapy

96. In the case of HIV-1 associated dementia, drugs effective in reducing the severity of HIV dementia are known as:

a. Antibiotics
b. Antiretroviral (A)
c. Antipolmorphs
d. Antipsychotics

97. A recently developed form of treatment for Parkinson’s Disease involves using a surgically implanted, battery-operated device called a neurostimulator to deliver electrical stimulation to the ventral intermediate nucleus of the thalamus or the subthalamic nucleus area in the basal ganglia. This treatment is known as:

a. Deep brain stimulation (DBS) (A)
b. Electroconvulsive shock therapy (ECT)
c. Artificial stem simulation
d. Motor neuron stimulator

98. Holistic rehabilitation methods for cognitive impairments address which of the following impairments?
a. Cognitive

b. Emotional

c. Motivational

d. All of the above (A)

99. One form of rehabilitation training for attention deficits is known as Attention Process Training (APT). According to Sohlberg, McLaughlin, Pavese, Heidrich et al. (2000), APT has been shown to be superior to basic therapeutic support in which TWO of the following ways?

a. Promoting attention (A)

b. Promoting speed of cognitions

c. Promoting memory functioning (A)

d. Promoting positive interaction with others

100. An alternative approach to dealing with attention deficits is not to try and improve attention itself, but to provide the client with some compensatory skills that will allow them to effectively manage their slowed information processing. This is known as:

a. Time pressure management (TPM) (A)

b. Information processing management (IPM)
c. Compensatory time management (CTM)

d. Productive processing management (PPM)