



THE ROLE OF NEUROPSYCHOLOGY IN CHRONIC FATIGUE SYNDROME

THE 13TH ANNUAL CONFERENCE
Chronic Fatigue Syndrome
Update on Research and Care

SATURDAY, APRIL 17, 2004
11:00 am – 4:15 pm

Robert Wood Johnson Medical School in
Cooperation with the New Jersey CFS
Association, Inc.

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NEUROPSYCHOLOGY

- The study of brain-behavior relationships and the impact of neurological disease, injury and illness on the whole person
- Cognitive
- Sensori-motor
- Emotional
- Behavioral
- Interpersonal
- Family

NEUROPSYCHOLOGIST

General Knowledge

- Clinical psychological
- Psychometrics
- Neuroanatomy/Functional anatomy
- Neuropathologies and their effects
- Rehabilitation psychology
- Interrelationship of the above

NEUROPSYCHOLOGIST

Specific Knowledge

- Knowledge of particular diseases, injury or illness
- Extensive experience in treating specific populations
- Willingness to represent patient in medical-legal or governmental settings
- Psychological treatment programs that will assist patient to return to best possible level of functioning
- Knowledge/access to adjunct therapies/services to assist patient in functional rehabilitation

NEUROPSYCHOLOGICAL EVALUATION - RATIONALE

- Diagnosis
- Assessment of strengths/weaknesses:
 1. Cognitive
 2. Emotional
 3. Behavioral
 4. Interpersonal
 5. Functional
- Treatment planning
- Disability
- Competence
- Research
- Training of others: Medical/Mental health staff
- Training of family and significant other

PRE-EVALUATION STEPS

- Interview neuropsychologist by phone/e-mail (education, experience, references)
- Clarify fees and payment schedule
- Clarify number and duration of sessions
- Discuss terms of written report and feedback
- Other requirements/materials
- What patient must bring to session (glasses, hearing aid, medication, food)

PREPARATION FOR EVALUATION

- Gather records and summarize data
- Secure physician's referral
- Complete Patient Data Form
- Complete Release of Information Form
- Complete Comprehensive Clinical Form
- Pre-certification Authorization (if required)
- Complete Insurance Forms

CLINICAL INTERVIEW

- Presenting problems
- Demographic information
- Developmental history
- Academic history
- Achievement history
- Socialization history
- Vocational history
- Substance abuse history
- Medical history
- Current medications
- Health status
- Daily functional status
- Avocation/Interests
- Current life situation
- Family history
- Psychiatric/Mental health history
- Sexual/Intimacy history
- Patient expectations

BEHAVIORAL ANALYSIS

- Evaluate factors that influence test taking
- Obvious patient limitations
- Masked patient limitations
- Neurological manifestations
- Personality manifestations
- Appearance
- Level of consciousness
- Orientation
- Language/Communications
- Learning
- Memory
- General intellectual
- Psychomotor abilities
- Spatial/Perceptual abilities
- Reasoning abilities
- Interpersonal
- Emotional state
- Attention/Concentration
- Thought content
- Thought process
- Insight
- Judgment
- Acceptance

SITUATIONS THAT AFFECT PERFORMANCE

- Demographic
- Situational
- Sensory/Perceptual
- Gross/Fine psychomotor
- Medical history: Injuries, illnesses, diseases, medication (past/present)
- Attention
- Effort
- Fatigue
- Emotional: LFT, depression, etc.
- Previous CNS injury
- General state on day(s) of evaluation
- Location of neuropsychologist
- Form of transportation to office
- Neuropsychologist characteristics
- Test administration

EVALUATION PROCESS

- Patient-Neuropsychologist bond
- Description of assessment process
- Order of tests
- Clarification of instructions
- Refresher breaks
- Periodic feedback

DOMAINS EVALUATED

- Attention: simple/complex, divided/split
- Concentration
- Memory: STM/LTM, episodic/semantic, procedural/declarative, implicit/explicit, encoding, consolidation, and retrieval
- Language/Communication
- Intellectual abilities
- Verbal/Auditory abilities
- Visual abilities
- Spatial/Perceptual
- Functional/Achievement
- Executive abilities
- Multitasking
- Higher-Level Reasoning
- Psychological/Emotional
- Effort

EVALUATION REPORT

- Usage
- Content
- Application
- Summary
- Recommendations
- Copies

FEEDBACK SESSION

- Face to face vs. telephonic
- Goals
- Location
- Who attends
- Duration
- Treatment decisions
- Referrals