complete catalogue of psychological tests
Important News

We are pleased to announce that Harcourt Assessment Inc., a U.S.-based provider of assessment instruments and testing programs acquired Swets Test International (STI), the group of pan-European companies to which Thames Valley Test Company belongs. The STI companies will be integrated into the existing operations of Harcourt Assessment International, the international unit of Harcourt Assessment Inc.

About Harcourt Assessment

Harcourt Assessment International has exiting offices in the United Kingdom, Australia and Canada, as well as France, where it operates through its subsidiary, ECPA. The company is the international unit of U.S.-based Harcourt Assessment, Inc, and until recently was known as The Psychological Corporation.

With headquarters in San Antonio, Texas, Harcourt Assessment, Inc., is a leading provider of high-quality assessment instruments and testing programs. The company is affiliated with the Harcourt book publishing companies, and together they form the global education brand of Reed Elsevier Group plc, a world-leading publisher and information provider operating in the science and medical, legal, education and business-to-business industry sectors. For further information, please visit www.harcourtassessment.com and www.reedelsevier.com.

Should you require scientific information or journal references concerning any of our tests; or if you wish to place an order, make an order enquiry, or require further catalogues, please contact us on:

📞 +44 (0)1359 232941
📞 +44 (0)1359 230581

We are always interested in our user’s views and experiences. Please send your comments and suggestions to:

Thames Valley Test Company
Unit 22, the Granary
Station Hill
Thurston
Bury St Edmunds
Suffolk IP31 3QU
England
📧 info@tvtc.com

Design
Boag Associates, London
Photography
David Hatful, diem photography and Mike Taylor, Mike Taylor Images
# Contents

## Introduction

1. About TVTC  
2. New tests  
3. Forthcoming tests

## Tests for adults

<table>
<thead>
<tr>
<th>Test</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambridge Test of Prospective Memory (CAMPROMPT)</td>
<td>3</td>
</tr>
<tr>
<td>Addenbrooke’s Cognitive Examination (ACE)</td>
<td>4</td>
</tr>
<tr>
<td>The Rivermead Behavioural Memory Test (RBMTII)</td>
<td>5</td>
</tr>
<tr>
<td>Behavioural Assessment of the Dysexecutive Syndrome (BADS)</td>
<td>6</td>
</tr>
<tr>
<td>The Test of Everyday Attention (TEA)</td>
<td>7</td>
</tr>
<tr>
<td>Doors and People</td>
<td>8</td>
</tr>
<tr>
<td>Severe Impairment Battery (SIB)</td>
<td>9</td>
</tr>
<tr>
<td>Naturalistic Action Test (NAT)</td>
<td>10</td>
</tr>
<tr>
<td>Verb and Sentence Test (VAST)</td>
<td>11</td>
</tr>
<tr>
<td>The Awareness of Social Inference Test (TASIT)</td>
<td>12</td>
</tr>
<tr>
<td>The Hayling and Brixton Tests</td>
<td>13</td>
</tr>
<tr>
<td>Facial Expressions of Emotion: Stimuli and Tests (FEEST)</td>
<td>14</td>
</tr>
<tr>
<td>Behavioural Inattention Test [BIT]</td>
<td>15</td>
</tr>
<tr>
<td>The Rivermead Behavioural Memory Test – Extended Version (RBMT-E)</td>
<td>16</td>
</tr>
<tr>
<td>Speed and Capacity of Language Processing Test [SCOLP]</td>
<td>17</td>
</tr>
<tr>
<td>The Balloons Test</td>
<td>18</td>
</tr>
<tr>
<td>Cortical Vision Screening Test [CORVIST]</td>
<td>19</td>
</tr>
<tr>
<td>Visual Object and Space Perception Battery [VOSP]</td>
<td>20</td>
</tr>
<tr>
<td>The Middlesex Elderly Assessment of Mental State [MEAMS]</td>
<td>21</td>
</tr>
<tr>
<td>The Wessex Head Injury Matrix (WHIM)</td>
<td>22</td>
</tr>
<tr>
<td>Rivermead Assessment of Somatosensory Performance [RASP]</td>
<td>23</td>
</tr>
<tr>
<td>Pyramids and Palm Trees</td>
<td>24</td>
</tr>
<tr>
<td>The Autobiographical Memory Interview (AMI)</td>
<td>25</td>
</tr>
<tr>
<td>Location Learning Test (LLT)</td>
<td>26</td>
</tr>
<tr>
<td>Putney Auditory Comprehension Screening Test (PACST)</td>
<td>27</td>
</tr>
<tr>
<td>Visual Patterns Test (VPT)</td>
<td>28</td>
</tr>
<tr>
<td>Dutch Eating Behaviour Questionnaire (DEBQ)</td>
<td>29</td>
</tr>
<tr>
<td>Short Category Test, booklet format [SCT]</td>
<td>30</td>
</tr>
<tr>
<td>Katz Adjustment Scales — Relative report form [KAS-R]</td>
<td>31</td>
</tr>
<tr>
<td>Wisconsin Card Sorting Test: 64 Card Version</td>
<td>32</td>
</tr>
<tr>
<td>Wisconsin Card Sorting Test® [WCST]</td>
<td>33</td>
</tr>
<tr>
<td>Rey Auditory Verbal Learning Test: A handbook [RAVLT]</td>
<td>34</td>
</tr>
<tr>
<td>Rey Complex Figure Test and Recognition Trial [RCFT]</td>
<td>35</td>
</tr>
<tr>
<td>Symbol Digit Modalities Test [SDMT]</td>
<td>36</td>
</tr>
<tr>
<td>Hooper Visual Organization Test [VOT]</td>
<td>37</td>
</tr>
<tr>
<td>WPS Electronic Tapping Test [WPS ETT]</td>
<td>38</td>
</tr>
</tbody>
</table>

## Tests for children

<table>
<thead>
<tr>
<th>Test</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioural Assessment of the Dysexecutive Syndrome for Children (BADS-C)</td>
<td>28</td>
</tr>
<tr>
<td>The Test of Everyday Attention for Children (TEA-Ch)</td>
<td>29</td>
</tr>
<tr>
<td>The Rivermead Behavioural Memory Test for Children (RBMT-C)</td>
<td>30</td>
</tr>
<tr>
<td>Behavior Rating Inventory of Executive Function [BRIEF]</td>
<td>31</td>
</tr>
<tr>
<td>Graded Nonword Reading Test</td>
<td>32</td>
</tr>
<tr>
<td>Test for Creative Thinking-Drawing Production [TCP-DP]</td>
<td>33</td>
</tr>
</tbody>
</table>

## Books and Workshops

<table>
<thead>
<tr>
<th>Book/Workshop</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshops</td>
<td>32</td>
</tr>
<tr>
<td>Selecting, administering and interpreting cognitive tests: guidelines for clinicians and therapists</td>
<td>32</td>
</tr>
<tr>
<td>Coping with memory problems</td>
<td>33</td>
</tr>
<tr>
<td>Neuropsychological Rehabilitation: Theory and Practice</td>
<td>34</td>
</tr>
<tr>
<td>Practice of Child-Clinical Neuropsychology</td>
<td>34</td>
</tr>
<tr>
<td>Ethical Issues in Clinical Neuropsychology</td>
<td>34</td>
</tr>
<tr>
<td>Neuropsychological Differential Diagnosis</td>
<td>35</td>
</tr>
<tr>
<td>Forensic Neuropsychology: Fundamentals and Practice</td>
<td>35</td>
</tr>
<tr>
<td>Fundamentals of Functional Brain Imaging: A Guide to the Methods and their Applications to Psychology and Behavioral Neuroscience</td>
<td>35</td>
</tr>
<tr>
<td>References</td>
<td>36</td>
</tr>
</tbody>
</table>

## Registration

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordering</td>
<td>37</td>
</tr>
</tbody>
</table>

## Ordering

| Reference index | 38 |

## Reference index

| Author index | 40 |

## Author index

| International distributors | 41 |
About TVTC

Thames Valley Test Company (TVTC) was founded in 1985 and became a member of Swets Test International (STI) group of companies in 1997.

In December 2003 the companies forming STI were acquired by The Harcourt Assessment.

TVTC continues to specialise in providing assessments for psychologists, occupational therapists and speech and language therapist working with people with brain injury.

We work with the creative and scientific talents of many leading neuropsychologists whose work is known in this specialist arena throughout the world. Their contribution in terms of research and test development has enabled TVTC to become a test publisher of innovative instruments for measuring impairment and disability brought on by brain injury. TVTC has led the field in terms of publishing ecologically relevant tests that can predict everyday problems for clients.

As well as our original publications in English, we continue to develop and encourage translations. Some of our most respected assessments are available for purchase in languages as widespread as German, French, Dutch, Spanish, Danish, Swedish, Finnish and Japanese.

Our assessments are used and respected globally and as such can be ordered through our distribution partners in Europe, Australia, New Zealand, Hong Kong and North America.

New tests

**Behavioural Assessment of the Dysexecutive Syndrome in Children (BADS-C)**

An ecologically valid and reliable battery of tests of executive functioning for children and adolescents. The BADS-C offers standardized ‘child friendly’ administration and scoring with comprehensive norms.

Price £340.00

**Severe Impairment Battery (SIB)**

Building on the international reputation of the RBMT and the BADS we are now pleased to be able to offer German, French and Spanish versions of our highly respected test of severe dementia.

Price £185.00

**Neuropsychological Rehabilitation: Theory and Practice**

A new book for clinical psychologists and those working in rehabilitation – complete with significant contributions from many TVTC authors.

Price £70.00

Forthcoming tests

**Addenbrooke’s Cognitive Examination (ACE)**

The ACE is a simple, quick and reliable test for the early detection of organic brain disease in patients presenting with memory complaints.

**Cambridge Test of Prospective Memory (CAMPROMPT)**

Available Summer 2004, the CAMPROMPT will offer a clinically sensitive, ecologically valid test of prospective memory.

Please note:

There are now no additional charges for delivery of our tests in the UK. Please enquire regarding delivery overseas.

We have also made a change to the way we are able to supply additional scoring sheets. Unless stated otherwise the prices listed are for quantities of 50. There is no additional delivery charge for UK orders.

D = Distributed tests
The most common memory complaints are concerned with failures of prospective memory, yet this aspect of memory function is rarely assessed formally.

**What is prospective memory?**

Prospective memory is the ability to remember to do things at a particular time or within a given interval of time or when a certain event happens. In other words prospective memory is remembering to do things rather than remembering things that have already happened. Everyday life examples include remembering to put a letter in a mailbox on your way home, remembering to turn off the cooker, or remembering to phone your mother at a particular time or within a particular time interval. For people with brain injury, failures in prospective memory, such as forgetting to take medication, can have devastating effects on everyday life and are likely to threaten independence.

Despite its clinical significance, prospective memory has been relatively under-investigated, due perhaps to the absence of a suitably objective and standardized clinical instrument, which is able to accommodate activities in daily life as opposed to ‘laboratory’ or computerised tasks that may not reflect real life needs.

The RBMT and the Extended RBMT (RBMT-E) both contain some prospective memory tasks but it was felt there was a need for a more clinically sensitive, ecologically valid test of prospective memory. Following a pilot study (Groot et al 2002), the authors modified the pilot version of the *Cambridge Prospective Memory Test* (CAMPROMPT) and now offer a test that comprises 3 time based tasks and 3 event based tasks.

Norms have been collected from 212 controls and a group of people with brain injury. Considerable differences between age groups and groups of different ability levels are reported and reflected in the scoring. Significant correlations between prospective and retrospective memory functioning were found in the studies. Validity was assessed by a prospective memory questionnaire with strong correlation between the CAMPROMPT scores and self reported everyday memory failures. As well as identifying prospective memory difficulties, the CAMPROMPT should provide valid data for planning programmes aimed at remediating those difficulties. Further details will be available during the Spring. Please contact us to learn more.

**What is the ACE?**

The ACE is a simple, quick but reliable test for the early detection of organic brain disease in patients presenting with memory complaints. The possibility of early Alzheimer’s disease is the commonest fear of patients and their caregivers. The test has been designed, therefore, to detect the earliest cognitive deficits of Alzheimer’s disease. The ACE also incorporates components sensitive to early frontal lobe degeneration and to semantic dementia.

The guiding principles behind the design of the test were that it should be quick (completed in less than 15 minutes), easy to administer using minimal equipment without specialist training and be wholly reliable.

**Who is it designed for use with?**

The ACE was designed to be used with patients suspected of brain disease secondary to a wide range of etiologies but particularly Alzheimer’s disease, frontotemporal dementia, dementia with Lewy bodies and vascular disease. It was designed to be both sensitive and relatively specific in that patients with affective disorders and anxiety states, presenting with memory complaints, should perform within the normal range.

The ACE was designed on the basis of 10 years clinical experience assessing patients in the Memory and Early Onset Dementia clinics in Cambridge. In an earlier version the ACE was validated against full neuropsychological assessment in sub-groups of patients with Alzheimer’s disease, frontotemporal dementia and vascular dementia attending the memory clinic. It has subsequently been administered to large groups of patients with affective disorders and with dementia in the context of movement disorders. The current revised version has been given to >100 controls aged 50–80.

We are expecting to publish the ACE in the Summer 2004. Further information will be available in the Spring so please contact us if you wish to learn more.
The Rivermead Behavioural Memory Test (RBMTII)

Overview
Identify everyday memory problems and to monitor change over time

Authors: Barbara A. Wilson, Janet Cockburn, Alan Baddeley

Publication date: Second Edition June 2003

Age range: Adult, 16–96 years

Norms: 118 controls aged from 14–69 years and 119 people aged 70–96 years. 176 people with brain injury

Administration: 25–30 minutes

Quality:
• Chartered Psychologist
• Occupational Therapist
• Speech & Language Therapist

Components: Manual, 25 scoring sheets, 2 supplements, 4 spiral bound stimulus books, 1 audiotape/CD, timer

Other languages: Danish, Dutch, French, German, Italian, Japanese, Hebrew, Norwegian, Portuguese, Spanish, Swedish

Price of complete test:
• £221.90 Inc. VAT
• £215.00 Exc. VAT

Scoring sheets (per 50):
• £41.13 Inc. VAT
• £35.00 Exc. VAT

ISBN: 1 874261 22 9

A great many clinical memory tests have been devised, most of them performing a useful function in estimating some aspect of memory capacity of patients. Virtually all, however, suffer from the limitation that they are essentially extensions of laboratory memory tests, and as such, do not map on to the memory problems encountered by patients in their everyday lives. Such laboratory-based tests also lack face validity, and as such, may be resisted by patients, and provide evidence that fails to convince the non-psychologist. The original Rivermead Behavioural Memory Test (RBMT) was devised to solve this problem. It comprised a number of subtests, each attempting to provide an objective measure of one of a range of everyday memory problems reported and observed in patients with memory difficulties.

New Version
With the release of the English language RBMTII, we have taken the opportunity to make a number of improvements to the packaging and test materials, with the main reason to add this to your test battery being the inclusion of new photographs reflecting the true nature of our multi-racial society. This new second edition of the RBMT includes a set of photographs of faces that are representative of the multi-racial nature of most societies round the world. The photos and other visual stimuli are no longer presented on separate cards but are contained in stimulus books, thus making presentation and safe-keeping easier. The release also includes a change to the scoring procedure for the ‘route round the room’ task in order to avoid possible ambiguities.

Scoring
For each sub test two scores are produced, a simple pass/stroke fail or screening score, and a standardized profile score. The screening score ranges from 0 to 24. The screening score offers a simple way of estimating whether a patient is likely to have everyday memory problems or not, while the profile score offers a more sensitive measure of change, and hence would be more suitable for measuring change e.g. resulting from deterioration in the patient or from improvement following treatment.

Reliability
The Rivermead Behavioural Memory Test II has a very high interrater reliability and good alternate form reliability. It allows for repeated assessments to monitor stability, improvement, or deterioration over time. The fact that there are four parallel versions of the test included in the pack means that practice effects due to repeated testing with the same materials can be avoided.

During the years the RBMT has become a benchmark for the ecological testing of gross memory impairment and, as such, this revision is set to further broaden the appeal and application of our classic test. The RBMT has stood up to the test of time, geographical distance and variation in culture, and continues to be regarded as a highly sensitive, ecological test of gross memory impairment.

Many papers have been published testifying to the usefulness of the test for clinical assessment of clients.

See Reference section for further reading.

“Results suggest that the RBMT is most accurate in classifying severity of memory impairment as rated by clinicians. The LNNB-M and WMS-R were relatively accurate at classifying severely impaired and unimpaired subjects, but were much less accurate at classifying subjects in the mild and moderate impairment ranges.”

(Makatura et al 1999)
The term ‘Dysexecutive Syndrome’ (DES) includes disorders of planning, organization, problem solving and attention. The DES is one of the major areas of cognitive deficit that may impede functional recovery and the ability to respond to rehabilitation programmes.

Assessment of the Dysexecutive Syndrome

Testing for executive deficits has been difficult because traditional tests do not reflect the real life demands that are made when people have to solve problems, plan and organize their behaviour, set priorities and adapt behaviour accordingly. Previous tests have often assessed component skills of the central executive rather than executive functioning per se, and although some of them have been shown to be sensitive to frontal lobe damage, they do not reflect every day situations and consequently there is a poor relationship between test scores and the day to day problems of patients. The authors have designed a test battery that overcomes these deficiencies by including items that are specifically sensitive to those skills involved in problem solving, planning, and organizing behaviour over an extended period of time. The battery of 6 tests thus assesses capacities that are normally exercised in daily life.

Nature of the test

Temporal judgement – This test uses four questions to assess subjects’ ability to estimate how long various complete events (such as a dental appointment) last.

Rule shift cards – tests the ability to change an established pattern of responding, using familiar materials. In part 1 a response pattern is established according to a simple rule. In part 2 the rule is changed and subjects have to adapt their responses, inhibiting their original response set.

Action program – tests practical problem solving. A cork has to be extracted from a tall tube, a result which can only be achieved by the planned use of various other materials provided.

Key search – A test of strategy formation. In an analogue of a common problem, subjects are required to demonstrate how they would search a field for a set of lost keys and their strategy is scored according to its functionality.

Zoo map – This is a test of planning. It provides information about subjects’ ability to plan a route to visit six of a possible 12 locations in a zoo, firstly in a demanding, open-ended situation where little external structure is provided, and secondly in a situation that involves simply following a concrete, externally imposed strategy.

Modified six elements – This is a test of planning, task scheduling and performance monitoring. It is a simplified version of the original Shallice & Burgess (1991) test. Subjects have to schedule their time to work on six tasks over a ten minute period.

The Dysexecutive Questionnaire

The battery also includes a 20 item ‘Dysexecutive questionnaire’ (DEX). The items are constructed in order to sample the range of problems commonly associated with the DES in four broad areas of likely change: emotional or personality changes, motivational changes, behavioural changes, and cognitive changes. Each item on the DEX is rated on a 5 point scale representing problem severity. The DEX comes in two forms, one designed to be completed by the patient and one by a relative or carer.

Validation

A validation study of 78 brain-injured patients demonstrated that performance on the BADS battery predicted relatives’ ratings on the DEX questionnaire, demonstrating that the BADS is sensitive to the everyday problems experienced by those who have suffered brain injury. Results from a small study of people with schizophrenia suggest that the BADS helps to identify executive deficits in this group.

See Reference section for further reading.
The Test of Everyday Attention (TEA)

Overview
Measure selective attention, sustained attention and attentional switching

Date published: 1994
Authors: Ian H. Robertson, Tony Ward, Valerie Ridgeway, Ian Nimmo-Smith
Age range: Adult, 18–80 years
Administration: 45–60 minutes
Norms: 154 controls, 4 ages bands and 2 levels of educational attainment
Components: Manual, 25 scoring sheets, cue book, stimulus cards and maps, 3 audiotapes, 1 videotape
Qualification:
- Chartered Psychologist
- Psychiatrist
- Occupational Therapist*
- Speech & Language Therapist*
- Geriatrician*
- Neurologist* (*see page 35)

Price of complete test:
- £292.58 Inc. VAT
- £249.00 Exc. VAT
Scoring sheets (per 50):
- £42.89 Inc. VAT
- £36.50 Exc. VAT
ISBN: 1 874261 65 2

We now know that attention is not unitary. The Test of Everyday Attention (TEA) tests three aspects of attention: selective attention; sustained attention; and attentional switching. The test has three parallel versions, is ecologically plausible and acceptable to patients. It is sensitive enough also to show normal age effects in the normal population.

Clinical strengths
- The test gives a broad-based measure of the most important clinical and theoretical aspects of attention: no other test of attention exists which does this.
- It can be used analytically to identify different patterns of attentional breakdown.
- The TEA has a wide range of applications, from patients with Alzheimer's disease to young normal subjects.
- It is the only test of attention based largely on everyday materials: the real-life scenario means that patients enjoy the test and find it relevant to the problems faced in life.

Research Strengths
The TEA yields standardized scores that allow valid comparisons across aetiological groups in terms of their selective attention, sustained attention, and attentional switching capacities. The test has been validated successfully with closed head-injured patients, stroke patients and patients with Alzheimer's disease, including those of low educational level.

The nature of the test
There are eight subtests of the TEA:

Map search – Subjects have to search for symbols on a coloured map. The score is the number out of 80 found in 2 minutes. This subtest is age-sensitive and usable with almost all brain-damaged patients, including those with Alzheimer's disease. It measures selective attention and loads on the same factor as the Stroop Test and the d2 cancellation test.

Elevator counting – Subjects are asked to pretend they are in an elevator whose floor-indicator is not functioning. They therefore have to establish which ‘floor’ they have arrived at by counting a series of tape-presented tones. This is an established measure of sustained attention sensitive to right frontal lesions.

Elevator counting with distraction – Subjects have to count the low tones in the pretend elevator while ignoring the high tones. This was designed as a subtest of auditory selective attention.

Visual elevator – Here, subjects have to count up and down as they follow a series of visually presented ‘floors’ in the elevator. This reversal task is a measure of attentional switching, and hence of cognitive flexibility. It is self-paced and loads on the same factor as the number of categories on the Wisconsin Card Sorting Test.

Auditory elevator with reversal – The same as the visual elevator subtest except that it is presented at fixed speed on tape.

Telephone search – Subjects must look for key symbols while searching entries in a simulated classified telephone directory.

Telephone search dual task – Subject must again search in the directory while simultaneously counting strings of tones presented by a tape recorder. The combined performance on sub-tests 6 and 7 gives a measure of divided attention – a ‘dual task decrement’.

Lottery – The subject listens for winning numbers, that are known to end in ‘55’. To do this, subjects listen to a string of numbers and write down the two letters preceding all numbers ending in 55. This is a measure of sustained attention which loads on the same factor as the simple elevator counting task.

See Reference section for further reading.
Doors and People is a test of long-term memory. It yields a single age-scaled overall score which can be ‘unpacked’ to give separate measures of visual and verbal memory, recall and recognition, and forgetting. It is designed for use both as a clinical tool and as a research instrument. Whereas The Rivermead Behavioural Memory Test predicts everyday memory problems, the Doors and People test provides a more analytic overview of long-term explicit memory.

Why do we need a new memory test?
In the last 20 years there has been intensive research on human memory and its deficits. Most memory tests predate this work, suggesting the need for measures that are theoretically more soundly based, preferably using material that is ecologically plausible and acceptable to patients. Doors and People provides such a test of the clinically crucial capacity of explicit long-term memory.

The nature of the test
The test comprises four subcomponents:

Visual recognition – The subject attempts to memorize a series of coloured photographs of doors. Memory is tested by recognition of each target door from a set of four doors varying in similarity, and hence difficulty.

Visual recall – The subject copies four patterns, and subsequently attempts to draw them from memory. A total of three learning trials are allowed, followed by a delayed recall.

Verbal recognition – The subject reads out a series of names and is subsequently required to recognize each from sets of four items.

Verbal recall – The subject is required to learn the names of four people, a doctor, a postman, a minister, and a newspaper boy. Again three learning trials are allowed, followed by a delayed recall to measure forgetting.

Factor analysis of an age-stratified sample of 238 normal subjects indicated a strong general memory factor, followed by a weaker visual/verbal factor. Studies indicate that the test is sensitive across a wide range of abilities, from elderly patients with Alzheimer’s disease, of low educational level, to young graduate students. Patients studied following temporal lobectomy show the predicted association between side of lesion and visual or verbal memory deficit.

Clinical strengths
• It gives a broad-based measure of the clinically most crucial component of memory.
• It can be used analytically to identify a typical pattern of deficit.
• All measures are based on at least two separate subtests, hence increasing reliability.
• It has a wide range of application and is arranged that even grossly impaired patients avoid obvious failure.
• It is a test that almost all patients enjoy.

Research strengths
The test yields standardized scores that allow valid comparison across aetiological groups in terms of their visual and verbal memory performance, their recall and recognition capacities, and their rate of forgetting.
Severe Impairment Battery (SIB)

Assessment of the severely demented elderly

Authors: Judy Saxton, K. L. McGonigle, A. A. Swihart, Francois Boller

Date published: 1993

Age range: Adult, 51–91 years

Norms: 70 US patient clinical study. French, German and Italian validation studies available

Administration: 20 minutes

Qualification:
- Chartered Psychologist
- Psychiatrist
- Occupational Therapist

Components: Manual, 25 scoring sheets, stimulus cards, plastic shapes, spoon, cup, full distractor pack

Other languages: Danish, French, German, Spanish

Price of complete test:
- £217.38 Inc. VAT
- £185.00 Exc. VAT

Scoring sheets (per 50):
- £116.91 Inc. VAT
- £99.50 Exc. VAT

ISBN: 1 874261 30 x

The Severe Impairment Battery (SIB) was developed to assess a range of cognitive functioning in individuals who are too impaired to complete standard neuropsychological tests. It is designed to assist therapists in the assessment of severely demented elderly individuals.

In recent years the SIB has become a benchmark assessment used extensively in worldwide clinical trials by drug companies seeking to develop treatments to combat Alzheimer’s disease. Further details of research references are available upon request.

Why is the SIB valuable?
The SIB focuses on the gap left by other instruments by providing an opportunity to gather direct performance-based data on a wide variety of low level tasks which take into account the specific behavioural and cognitive deficits associated with severe dementia.

Most existing mental status examinations assign a value reflecting an overall level of severity based either on a brief examination of cognitive functioning or third party assessments. While this can be very useful, a more objective assessment of the relative impairment of different areas of cognitive functioning, such as that offered by the SIB, enhances our understanding of the disease process and provides much needed clinical information regarding the later stages of dementia.

The SIB evaluates cognitive abilities at the lower end of the range. The test was designed with the severely demented patient in mind and takes into account the specific behavioural and cognitive deficits associated with severe dementia. It is composed of very simple one-step commands which are presented in conjunction with gestural cues, and it allows for non-verbal and partially correct responses as well as for simpler response modes such as matching.

Scoring
The SIB is designed to be psychometrically reliable and allows for repeated assessments. Each subscale yields scores that are downward extensions of instruments used to assess mild to moderate dementia. The six major subscales are: attention; orientation; language; memory; visuo-spatial ability; construction. In addition, there are also brief evaluations of praxis, social interaction and orienting to name.

The SIB is now supplied complete with all materials required to administer the standardized test. The test is available for purchase in a number of languages with more due to be added. Please enquire for pricing for larger scale clinical trials.

See Reference section for further reading.
The Naturalistic Action Test (NAT) is the product of ten years of research conducted at Moss Rehabilitation Research Institute in Philadelphia, which showed that recovering stroke and brain injury patients and those with progressive dementia are highly prone to errors of action when performing routine activities of daily living. It enables valid and reliable measurement of naturalistic action production across a wide range of patient impairment. It is suitable for patients with hemiparesis, weakness, and range of motion limitations. It is also suitable for patients with aphasia as long as they can demonstrate comprehension of task instructions.

The NAT is a performance-based test in which the tasks, materials, layout and cueing procedures are standardized and can be set up in a small assessment station. Scoring is simple and objective such that it can be performed reliably with little formal training. The additional tests materials required to administer the NAT are easily accessible in a clinical environment.

Who should use the NAT?
Neuropsychologists, occupational therapists, and other rehabilitation clinicians who work with neurological populations will find the NAT helpful for: setting treatment goals and destination plans; educating patients and family members about types of problems likely to be encountered after discharge, as well as predicting post-discharge outcomes. Cognitive and rehabilitation researchers can use the NAT as a baseline outcome measure in treatment studies, as a functional outcome measure in treatment studies and as a functional disability measure for characterizing a study population.

Validation
A validation study involving 100 patients undergoing rehabilitation for stroke or TBI showed that the NAT discriminates patients from age-matched controls, has excellent interrater reliability, is internally consistent and correlates highly with concurrent performance on the Functional Independence Measure™ (FIM™). A follow-up study with 48 of these patients, conducted 4-months post-discharge, demonstrated that inpatient NAT scores were strongly and significantly associated with a widely used functional outcome measure (Lawton & Brody’s 1969 Survey of instrumental activities of daily living).

How does the NAT compare with other assessments?
- It uses actual performance rather than self or informant surveys to assess vulnerability to cognitive lapses and error.
- The NAT measures accomplishment and error when left to own devices, whereas some of the most widely used functional assessments measure the degree of assistance required to get through a task instead.
- Performance is measured on an interval scale compared with dichotomous pass/fail or independent/dependent scores assigned by other instruments.
- Use is not restricted to any specific professional group, and no intensive training or rater calibration credentials are required.
- The NAT can be scored easily without the aid of a computer.
- The test was developed for and validated with a neurological rehabilitation population.

See Reference section for further reading. To learn more about the NAT contact us on email: info@tvtc.com or see additional material at www.tvtc.com

The routine acts of daily life often present major practical problems for patients suffering from moderate to severe brain damage. Up until now there have been relatively few measures of the relevant skills by comparison, say, with disorders of language, memory or perception. The NAT is easy to learn to use and empty, it has good inter-rater reliability and, critically, gives rise to a measure which correlates highly with assessments of functional disabilities of patients following discharge from hospital.”

Tim Shallice, Institute of Cognitive Neuroscience, University College London
Verb and Sentence Test (VAST)

Overview
Investigate disorders affecting the production and comprehension of verbs and sentences

Authors: Roelien Bastiaanse, Susan Edwards, Judith Rispens

Date published: 2002

Age range: Adult

Administration: 30 minutes for 2–4 subtests, 2–3 hours for all subtests

Norms: 79 UK and 40 Dutch controls

Qualification:
- Speech & Language Therapist

Components: Manual, 25 scoring sheets, test materials book, 3 stimulus books, 9 word cards, 3 set of envelopes (22 each)

Price of complete test:
- £261.53 Inc. VAT
- £247.00 Exc. VAT

Scoring sheets (per 50):
- £35.25 Inc. VAT
- £30.00 Exc. VAT

ISBN: 1 874261 86 5

Introduction

The Verb and Sentence Test contains ten subtests for assessing aphasia. The battery focuses on verbs and sentences in a highly systematic and clinically oriented way. The test has been designed to look at verb and sentence processing: areas where difficulties arise but where there are few clinical tools. The test evolved from psycholinguistic and linguistic research and, uniquely, all subtests are linked with remediation programmes.

The battery pinpoints the underlying impairment at the sentence level in aphasia. It is scientifically justified as only variables that we know are vulnerable in aphasia are tested. Furthermore, the VAST is valuable in a clinical environment as only variables that can be successfully treated are included.

Nature of the test

The VAST is designed for in-depth analysis when the examiner wants to find out more about the nature of, for example, sentence comprehension disorder. For this, subtests of comprehension of verbs, grammaticality judgment, and sentence comprehension are included. At the production level, the examiner might want to find out how well someone with aphasia can produce verbs in several contexts. Subtests are included for the production of verbs as single words and production of (both finite and non-finite) verbs in sentences, as well as a sentence construction subtest. To evaluate the subject’s abilities to form different sentence types, sentence anagrams are included for active and passive sentences and for questions.

Administration

The pack contains picture books, scoring sheets, word cards and a template for the sentence anagram tasks, and an extensive manual in which the theoretical background, task description, scoring methods, and statistics from standardization are given. The number of subtests presented to the subject depends on the specific question of the examiner. Clinical assessment may be restricted to two to four subtests, which will take about 30 minutes, with the entire battery taking between two and three hours.

See Reference section for further reading.

To learn more about the VAST contact us on email: info@tvtc.com or see additional material at www.tvtc.com.

“The main strength of the VAST is that it combines solid clinical knowledge with solid linguistic knowledge. Indeed, the authors’ extensive work with patients, together with their concern for formulating the test within a strong theoretical framework, has yielded an assessment battery that is unique among existing tests. In its specific focus on verbs, its theoretical soundness, and its adaptation to the needs of aphasic patients, the VAST is a refined clinical tool that explores a pivotal linguistic category in a way no existing overarching aphasia battery can provide.”

Professor Gonia Jarema
Centre de Recherche, Institut Universitaire de Gériatrie de Montréal
The Awareness of Social Inference Test (TASIT)

Overview
Assess and treat deficits of social perception

Authors: Skye McDonald, Sharon Flanagan, Jennifer Rollins

Date published: 2002

Age range: 14–60 years

Norms: 279 controls

Administration: 30–45 minutes

Qualification:
• Chartered Psychologist
• Occupational Therapist
• Speech & Language Therapist

Components: Manual, 2 packs of scoring sheets (25 each), 2 video tapes, stimulus books

Price of complete test:
£233.83 Inc. VAT  £199.00 Exc. VAT

Scoring sheets (2 x 25 A & B):
£70.03 Inc. VAT  £59.60 Exc. VAT

ISBN: 1 874261 02 4

Introduction
Poor social skills can be a disabling consequence of numerous neurological and psychiatric conditions. Left untreated, social skills deficits curtail social independence and quality of life. Conventional social skills programmes focus upon the training of appropriate social responses with less regard being paid to the possibility that poor social behaviour may reflect failure to read social cues accurately. Many clinical conditions, including TBI, schizophrenia, autism and learning disabilities, cause deficits in social perception. These include poor understanding of emotional expressions and difficulty integrating the contextual information that is part of normal social encounters. Deficits of this kind will impede understanding of socially conveyed messages. Understatement, sarcasm, deception, and polite hints are just a few examples of everyday communication that rely upon social context to convey meaning. Social perception deficits are an important target for remediation.

The Awareness of Social Inference Test provides a systematic examination of social perception. It uses videoed vignettes and standardized response probes based upon recent theoretical accounts of how social cues provide meaning. TASIT has three sections assessing different components of social perception each of which take 10–15 minutes to view. It has alternate forms that are statistically equivalent and a normative database of primarily young adults. The test has proven to be sensitive to social perception deficits in a group with severe traumatic brain injuries.

Part 1: The Emotion Evaluation Test (EET)
This is designed to assess interpretation of naturalistic emotional displays including facial movement, tone of voice and gestures. In each form, 28 vignettes of neutral scripts are enacted by professional actors to represent seven basic emotional categories: Fear, Anger, Sadness, Disgust, Surprise, Happiness and Neutral.

Part 2: Social Inference – Minimal (SI-M)
Emotional demeanor can significantly alter the meaning of social messages. For example, ‘You have been a great help!’ may be said sincerely or in a derisive and sarcastic manner using facial expression and other paralinguistic features to imply the opposite. A set of scripts are enacted either sincerely or sarcastically, with the ability to understand the meaning of each script being assessed by four standardized probe questions.

Part 3: Social Inference – Enriched (SI-E)
This assesses the ability to use additional contextual cues in assigning conversational meaning. All vignettes entail scripts in which a speaker is making an assertion that is literally untrue. In eight of these, like Part 2, the speaker is speaking sarcastically, i.e. amplifying the truth. In the remainder the speaker is attempting to deceive the other by concealing the truth. In addition to the demeanor of the speaker, there are additional visual or verbal clues that provide information about the speaker's real intentions. Each vignette is assessed via four questions.

See Reference section for further reading. To learn more about the TASIT contact us on email: info@tvtc.com or see additional material at www.tvtc.com.
The Hayling and Brixton Tests

Overview
Clinical assessment of executive functioning

Authors: Paul W. Burgess, Tim Shallice
Date published: 1997
Age range: Adult, 18–80 years
Norms: 121 UK controls, 77 subject clinical study
Administration: Approx 15 minutes


Qualification:
• Chartered Psychologist
• Neurologist
• Psychiatrist
• Occupational Therapist
• Speech & Language Therapist

Price of complete test:
• £128.76 Inc. VAT  • £126.00 Exc. VAT
Scoring sheets (per 50):
• £42.89 Inc. VAT  • £36.50 Exc. VAT
ISBN: 1 874261 26 1

Any thorough assessment of cognitive problems following neurological damage should include tests measuring executive functions, yet there are few tests available that are specifically designed for clinical use.

For this reason the authors have developed the Hayling and Brixton Tests, with the needs of both clinicians and researchers in mind, enabling measurement of some of the consequences of the dysexecutive syndrome.

Why use the Hayling and Brixton?
The Hayling and Brixton Tests will be particularly useful in the following situations:
• where the clinician wishes to use an executive test that has been developed on people with specific frontal lobe damage
• where judgements about performance need to be related to estimated pre-morbid levels of cognitive ability
• in the assessment of very able people who may find the BADS easy
• where testing time is limited
• when monitoring changes over time.

Administration
Test items are quick and easy to administer, and readily acceptable to subjects. The tests can be given singly or in combination depending upon available testing time, and have been designed to be complementary to the Behavioural Assessment of the Dysexecutive Syndrome (BADS) test battery.

The Hayling Sentence Completion Test
This test is entirely spoken and is thus suitable for people with a wide range of problems such as those involving reading, visual perception or movement. It takes approximately five minutes to administer yet yields three different measures of executive functioning which can be considered separately or combined into an overall score.

The Brixton Test consists of two sets of 15 sentences each having the last word missing. In the first section the examiner reads each sentence aloud and the participant has to simply complete the sentences, yielding a simple measure of response initiation speed. In the second section the subject is asked to complete the sentences with a word that does not fit, giving measures of response suppression ability and thinking time.

The Brixton Spatial Anticipation Test
Probably the most well-known situation in which dysexecutive patients have problems is when they are asked to detect rules in sequences of stimuli. The Brixton Test measures this ability within a format that is easy to administer and is designed to be pleasant for the subject. It takes between five and ten minutes to give, and yields an easily understood scaled scores. For detailed clinical decision-making, age and age-and-pre-morbid-iq cut-off scores are provided. The Brixton Test is perceptually simple and as it does not require a verbal response it is appropriate for those suffering from a wide range of deficits such as those involving speech production or reading.

Research has shown that the Brixton Test is sensitive to problems not only with rule detection but also to tendencies toward impulsive and bizarre behaviour, thus allowing the clinician to gain qualitative as well as quantitative information about performance. Scaled scores can be derived for each measure, enabling the clinician to build a pattern of their client’s deficits. Normative data are presented for all measures, and, for diagnostic decision-making, age related cut-off scores are given together with separate age and pre-morbid iq cut-off scores.
Tests for adults

**Facial Expressions of Emotion: Stimuli and Tests (FEEST)**

**Overview**

- **Authors:** Andy Young, David Perrett, Andy Calder, Reiner Sprengelmeyer, Paul Ekman
- **Date published:** 2002
- **Age range:** Adult
- **Qualification:**
  - Chartered Psychologist
  - Neuropsychologist
  - Experimental Psychologist
- **Components:** 1 CD-ROM containing all documentation.
- **Requirements:** Pentium PC running Windows 98, 64 Mb RAM and with CD-Rom drive.
  - Apple Macintosh version also available (runs in Classic mode only)
- **Price of complete test:**
  - £417.13 Inc. VAT
  - £355.00 Exc. VAT
- **ISBN:** 1 874261 96 2

**Behavioral Inattention Test [BIT]**

**Overview**

Predict everyday problems associated with unilateral neglect

- **Authors:** Barbara A. Wilson, Janet Cockburn, Peter W. Halligan
- **Date published:** 1987
- **Age range:** Adult, 19–83 years
- **Norms:** 80 patient clinical study, 15 controls
- **Administration:** Approximately 40 minutes
- **Qualification:**
  - Chartered Psychologist
  - Occupational Therapist
  - Speech & Language Therapist

**Other languages:** Finnish, Japanese

- **Components:** Manual, 25 scoring sheets, various stimulus, test and playing cards, clock face.
- **Price of complete test:**
  - £249.10 Inc. VAT
  - £212.00 Exc. VAT
- **Scoring sheets (per 50):**
  - £65.10 Inc. VAT
  - £55.40 Exc. VAT
- **ISBN:** 0 9514322 2 2

---

The ability to interpret the moods and feelings of other people is an important social skill. Misinterpretation of affect can lead to misunderstanding and inappropriate social behaviour.

For humans, facial expressions provide important indicators of emotion. Basic emotions are expressed and recognized in similar ways throughout the world. Functional imaging studies have uncovered some of the mechanisms involved in neural responses to perceived emotion, and impaired recognition of facial expressions has been documented after a number of types of brain disease.

The FEEST makes available a unique resource, involving a wide range of high-quality materials for assessing recognition of facial expressions of emotion. A key feature is that these materials include both standard tasks with control data and supplementary stimuli, which in the hands of those with appropriate experience, can be used to create new tests and experiments.

The stimuli include the six basic emotions from the Ekman and Friesen series (happiness, surprise, fear, sadness, disgust, anger), as well as the neutral faces. Computer-morphing and caricaturing procedures have been used to create continua varying in intensity. Clinicians and researchers can therefore create tasks that can be graded in difficulty, ranging from subtle to intensely expressed emotions.

These FEEST has many potential applications in neuropsychology, clinical psychology, experimental psychology and functional imaging studies. Published papers have reported studies in each of these areas, a selection of which are detailed below as well as the substantial test manual.

Please note that the basic licence fee provides for use of the FEEST stimuli on a single computer. We offer special terms for those wishing to use the stimuli on multiple workstations. Please enquire for details.

See Reference section for further reading. To learn more about the FEEST contact us on info@tvtc.com or see additional material at www.tvtc.com.

There are two parallel versions of the **Behavioral Inattention Test**, each comprising six ‘conventional’ subtests and nine behavioural subtests. As with *The Rivermead Behavioural Memory Test*, the **Behavioral Inattention Test** fulfills the practical requirements of a psychological test: it is short, easy to understand and interpret. It is also applicable to a wide range of environmental settings.

**Validation**

The **Behavioral Inattention Test** has been validated against conventional tests of neglect and therapists’ reports. The relationship between scores on the behavioural sub tests and scores on the conventional sub tests was established for the 80 patients – correlation 0.92 (p< 0.0001). The behavioural sub test scores for each patient were compared with the responses to a short questionnaire completed by the relevant therapist at the time of assessment giving a correlation of 0.67 (p< 0.001). As well as being a valid test of neglect the **Behavioral Inattention Test** has excellent interrater, test-retest, and alternate form reliability.

See Reference section for further reading.

Traditional procedures for assessing unilateral visual neglect have tended to concentrate on tests that provide information about the presence of UVN rather than increase our understanding of difficulties patients with this condition encounter in their daily lives. The **Behavioral Inattention Test** (BIT) was developed to respond to the ecological needs of this group of people. It is an objective behavioural test of everyday skills relevant to visual neglect, aimed at increasing our understanding of specific difficulties patients experience.
The Rivermead Behavioural Memory Test – Extended Version (RBMT-E)

Overview
Predict mild memory problems in people with acquired non progressive brain injury

Authors: Barbara A. Wilson, Linda Clare, Alan Baddeley, Peter Watson, Robyn Tate

Date published: 1998

Age range: Adult, 16–65 years

Administration: 25–30 minutes

Norms: 193 controls, 45 subject clinical study

Components: Manual, 25 scoring sheets, 2 stimulus books, picture cards, timer

Qualification:
• Chartered Psychologist

Price of complete test:
• £281.36 Inc. VAT • £273.00 Exc. VAT

Scoring sheets (per 50):  
• £52.76 Inc. VAT • £44.90 Exc. VAT

ISBN: 1 874261 36 9

The original Rivermead Behavioural Memory Test (RBMT) published in 1985 was designed to predict everyday memory problems in people with acquired, non-progressive brain injury and monitor changes over time. The RBMT comprises tasks analogous to situations found in daily living that often appear troublesome for memory impaired people.

Norms for elderly people appeared in 1989 (Cockburn & Smith); adolescent norms appeared in 1990 (Wilson, Forester, Bryant & Cockburn); and a version for children aged 5 to 10 years was released in 1991 (Wilson, Ivani-Chalian & Aldrich). Thus, norms exist for people aged 5 to 96 years.

Given the acceptance of the RBMT in terms of its applicability to different age groups, cultures and other patient groups besides people with non progressive brain injury, the authors have adapted the test’s ecological principles and items to produce an extended version (RBMT-E) that can detect mild memory deficits whether due to brain damage or to the introduction of a drug or stressor.

In order to make the RBMT-E more sensitive to mild memory impairment than its predecessor, the authors of the new test have in some cases doubled up the amount of material to be remembered, have made other items more complicated, and made the presentation of some items more complex. Two parallel versions have been developed in order to allow assessment both before and after an intervention or the administration of a drug or other procedure.

Validation
Early studies using the RBMT-E showed that it significantly discriminated between a middle aged and elderly group of highly motivated and intellectually average or above average control subjects whose memory functioning differed only marginally when measured by a more traditional test.

Later studies using the RBMT-E with 193 controls from the three cities of London, Sydney, and Cambridge, including subjects from European and Afro-Caribbean origin, have shown that the two parallel versions of the test are sensitive to age and IQ effects in non brain injured subjects. When 45 neurologically impaired people were tested on both the RBMT and RBMT-E the results showed that the RBMT-E separated those with reasonable RBMT scores into good, average, poor, and impaired subgroups.

See Reference section for further reading.

“The test can be used effectively with brain injured patients and it may indeed have considerable potential as a clinically useful tool for assessing the nature and extent of subtle impairments of everyday memory following brain injury.”

Wills et al (2000)
Although many tests exist to detect and measure breakdown in language processing there are very few tests which are designed to measure the more common slowing in cognitive processes that can be experienced by brain damaged subjects. The authors have developed two sensitive measures which addresses this. The first, The Speed of Comprehension Test, allows the rate of information processing to be measured; and the second, The Spot-the-Word Test, provides a framework for interpreting the results of the first test. Hence The Speed and Capacity of Language-Processing Test (SCOLP) enables differentiation between a subject who has always been slow and a subject whose performance has been impaired as a result of brain damage or some other stressor. The SCOLP is brief and easy to administer and will be particularly useful to neurologists, geriatricians, clinical psychologists, occupational therapists and speech therapists.

### The Speed of Comprehension Test

The subject verifies as many sentences as possible in two minutes. The sentences are all obviously true or are false, being based on a mismatch of subject and predicate from true sentences. Such combinations can be rather bizarre, hence the test is sometimes referred to as ‘Silly Sentences’. Errors tend to be uniformly low in most groups of patients, while speed proves to be a very sensitive and reliable measure.

- **Reliability** – There are 5 parallel forms. Split half reliability is 0.84 and parallel form reliability 0.93.
- **Validity** – Correlates with a wide range of language tests:
  - Speed-based
    - Semantic category fluency, $r = 0.52$
    - categorization speed, $r = 0.55$
    - of colour naming, $r = 0.56$
    - reasoning speed, $r = 0.60$
  - Unspeeded
    - National Adult Reading Test, $r = 0.60$
    - Mill Hill Vocabulary Test, $r = 0.51$

### The Spot-the-Word Vocabulary Test

The subject is given pairs of items, each comprising one real word and one non-word, and required to indicate the real word. Words range from common to very obscure. Number correct correlates with verbal intelligence and vocabulary. Sixty pairs are presented and performance is un-speeded.

- **Reliability** – There are two parallel forms. Parallel form reliability, calculated on a sample of 224, was 0.88.
- **Validity** – Correlates strongly with the Mill Hill Vocabulary Test and National Adult Reading Test (NART).

- **Sensitivity** – The test was devised to be resistant to the effects of stress or brain damage. Data based on effects of normal ageing and of Alzheimer's disease are good.
- **Speed-capacity discrepancy** – Norms are available (age range 16–65) to assess the extent to which comprehension speed deviates from that predicted by vocabulary. This provides an indication of the probable degree of cognitive impairment.
The Balloons Test

Overview
Screen for visual inattention following brain injury

Authors: Jennifer Edgeworth, Ian H. Robertson, Tom McMillan

Age range: Adult
Date published: 1998
Administration: 5–10 minutes

Norms: 72 right handed patients with a recent right cerebrovascular accident and 55 non-brain damaged patients.

Qualification:
• Chartered Psychologist
• Neurologist
• Occupational Therapist
• Rehabilitation Clinician
• Speech & Language Therapist

Price of complete test:
• £141.00 Inc. VAT  • £120.00 Exc. VAT
Scoring sheets (per 50):
• £42.89 Inc. VAT  • £36.50 Exc. VAT

ISBN: 1 874261 31 8

Why do we need a new test of visual inattention?
Visual inattention most commonly arises after right hemisphere stroke. Clinicians often note that some patients who show behavioural signs of visual inattention are not detected by existing tabletop tests. The Balloons Test has been designed as a screening test which can be used in conjunction with more extensive test batteries such as the Behavioural Inattention Test (Wilson, Cockburn and Halligan, 1987).

Why use the Balloons test?
• It is quick, simple to administer and can be used as a bedside test
• It detects a higher proportion of visual inattention in right brain damaged patients than other tests
• It enables the generalized inattention index and an index of left sided inattention (the lateralized inattention index) to be derived
• It provides a method for establishing whether unilateral omissions can be entirely attributable to visual field deficits
• The time limit reduces the likelihood of false positive findings caused by people ‘giving up’ prematurely because of sustained attention deficits.

The nature of the test
In subtest A – the control test – 22 of the 202 items are targets to be cancelled. Targets are circles with a line adjoining, which are termed ‘balloons’; other items in the array are circles. Patients are simply required to locate and put a line through each balloon in a fixed time limit of three minutes.

Subtest B is a test of serial search. The number and position of balloons and circles is exactly the reverse of subtest A. Thus, 90 balloons and 10 target circles are presented on either side of the midline, with two central circles used to demonstrate the task. In subtest B participants are asked to cancel out as many circles as they can find in three minutes. The targets do not pop out, rather they have to be effortfully searched for in a serial fashion. This makes greater demands on attention than subtest A, hence, a higher number of omissions on B than on A allows exclusion of the possibility that the omissions are caused by visual field deficits unrelated to attention. There must be an attentional deficit for the omissions to differ so markedly when both arrays are visually similar although varying the attentional demands on the subject. This view is supported by several studies which show that serial search performance is much more impaired than parallel search in unilateral visual neglect (Riddoch and Humphreys, 1989; Eglin et al., 1989).

The test is based on the phenomenon of pop-out (Treisman and Gelade, 1980; Treisman and Gormican, 1988). Detection of balloons among the circles (as in subtest A), has been shown to be a relatively parallel process – i.e. the time taken to detect targets of this kind does not increase significantly as the number of distractors increases (Eglin et al., 1989).
Individuals who have difficulty seeing will more often than not initially seek the advice of an optometrist or ophthalmologist. Even if they first consult a general physician or a neurologist they will often be sent to an eye specialist to answer the question: ‘Why can’t this person see well?’

Patients known to have disease affecting visual areas of the brain and a greater visual disability than would be predicted from their visual acuity and visual field measurements may be referred to an optometrist or ophthalmologist for an explanation of their symptoms and assistance with rehabilitation.

The Cortical Vision Screening Test (CORVIST) is designed to detect visual impairments in individuals with normal (corrected) or near-normal vision. It allows vision specialists without any detailed knowledge of neuropsychology to probe the higher visual areas of the brain and is designed for use with patients with visual symptoms that cannot be explained by a routine ophthalmological, optometric or neurological examination.

**Nature of the tests**

Each of the ten tests focuses on a different aspect of early visual processing by cortical centres. Each is prefaced by a description of its aim, the instructions to the subject, and an indication of its significance. They are simple to administer and make minimal demands on the testee.

*Symbol acuity* – To simplify testing acuity in patients who have difficulty in scanning visual arrays such as a standard acuity chart.

*Shape discrimination* – To detect impairment of shape discrimination in individuals who have normal acuity.

*Size discrimination* – Extending and complimenting the Shape Discrimination Test. Clients, despite having normal acuity, may have difficulty completing this size discrimination test.

*Shape detection* – To provide further indication of shape discrimination using more complex stimuli requiring interaction across a larger area of the visual field.

*Hue discrimination* – To identify individuals with an acquired impairment of hue discrimination.

*Scattered dot counting* – To detect difficulties in either the localization of a single point in space or of spatial scanning.

*Fragmented numbers* – To detect an impairment of perceptual identification.

*Word reading* – To assess reading skills.

*Crowding* – To identify individuals who show excessive impairment of acuity when symbols are closely spaced.

*Face perception* – The purpose is to detect impairment in the perception of faces. Individuals with normal acuity and normal discrimination may nevertheless be impaired on more complex stimuli such as faces.

“There is nothing more perplexing for an ophthalmologist than to be faced with an individual who complains of visual difficulties in the presence of normal acuity and visual fields, and nothing creates a greater resentment than reassurance that all is well when it eventually turns out that serious cortical pathology has been missed. The CORVIST provides a simple and rapid test to screen in these difficult cases, and is going to be of enormous help to the clinical vision specialist”

David Spalton
Consultant Opthalmologist, St. Thomas, Hospital, London
Visual Object and Space Perception Battery [VOSP]

Overview
Assess object and space perception

Authors: Elizabeth K. Warrington, Merle James
Date published: 1991
Age range: Adult
Other languages: Czech, Dutch, French, German
Components: Manual, 25 scoring sheets, 3 stimulus books
Qualification:
- Chartered Psychologist
- Occupational Therapist
- Speech & Language Therapist

Price of complete test:
- £158.76 Inc. VAT
- £156.00 Exc. VAT
Scoring sheets (per 50):
- £42.89 Inc. VAT
- £36.50 Exc. VAT
ISBN: 0 9514322 7 3

The Middlesex Elderly Assessment of Mental State [MEAMS]

Overview
Screen for gross impairment of cognitive skills in the elderly

Authors: Evelyn Golding
Date published: 1989
Age range: Adult
Administration: 10 minutes
Qualification:
- Chartered Psychologist
- Occupational Therapist
- Psychiatrist

Price of complete test:
- £123.39 Inc. VAT
- £121.00 Exc. VAT
Scoring sheets (per 50):
- £36.19 Inc. VAT
- £30.80 Exc. VAT
ISBN: 0 9514322 3 0

Nature of the test
The Visual Object and Space Perception Battery (VOSP) consists of eight tests each designed to assess a particular aspect of object or space perception, while minimizing the involvement of other cognitive skills. The VOSP will enable an assessor to compare the scores of a subject with those of a normal control sample and those obtained by patients with right- and left-cerebral lesions.

Although a theoretical issue was the original motivation for each of these tests, it was their pragmatic strength in terms of their selectivity and sensitivity that determined their selection for inclusion in the battery. They are all un-timed and should be administered at a pace suitable to the individual patient. The tests can be administered singly, in groups, or as a whole battery; and, apart from the initial screening test, in any order.

Each test has been developed, validated and standardized in the Psychology Department at the National Hospital for Neurology and Neurosurgery, Queen Square, London, where Elizabeth Warrington is Professor Emeritus of Clinical Neuropsychology and Merle James is a Clinical Neuropsychologist. Their associative work began in 1962 and a number of the tests in this battery are published for the first time after much demand by practising clinicians; others are new tests that have been developed in recent years.

The 12 subtests cover the following areas of functioning:
- orientation
- memory
- new learning
- naming
- comprehension
- arithmetic
- visuo-spatial skills
- perception
- fluency
- motor perseveration

“The Middlesex Elderly Assessment of Mental State (MEAMS) contains carefully selected questions that skilfully examine functioning (orientation, word fluency, comprehension, calculation, constructional skill, recognition and short term memory, visuo-spatial perception, and sustained attention) in ways patients tolerate easily. I have used it for many years and have gained much knowledge about functioning of the older adult and those that suffer from brain damage. Because maximal information can be obtained in an administration time of about 15 minutes with most patients, the MEAMS is useful in the time restricted climate of managed healthcare in the USA.”

B.P. Uzzell, Ph.D.
Memorial Neurological Asssociation, Houston, USA.
The Wessex Head Injury Matrix (WHIM) is designed for the accurate assessment of patients in and emerging from coma and in the vegetative and minimally conscious states. The 62 item observational matrix can be used to assess the patient and set goals for rehabilitation from the outset of coma. The WHIM bridges the gap between those scales that are useful in the very acute stages after head injury and standard tests of cognition, motor skills and dependency, which are helpful in later stages of recovery.

Improvements from the initial state of coma may be gradual and unless accurate assessment takes place, small gains may be missed or misinterpreted. The WHIM has been designed to pick up minute indices demonstrating recovery, and provide objective evidence so that prediction is realistic. It is both easy and quick to administer and can be used by any qualified member of a multidisciplinary team.

Unlike other scales, the WHIM provides a sequential framework of observation covering communication ability, cognitive skills, and social interaction. The matrix can be used to collect data by observation and by testing tasks used in everyday life. It focuses on what the patient does or does not do rather than upon clinical diagnostic features. Previously published scales have been limited by their inability to detect subtle change because of the breadth of their categories, by their inability to delineate various dimensions of observable behaviour, and by the fact that they are indeed scales dependent to some extent upon subjective views rather than tightly defined categories of observation as contained in the WHIM.

See Reference section for further reading.

The Wessex Head Injury Matrix (WHIM)

Overview
Assess and monitor recovery of cognitive function after severe head injury

Authors: Agnes Shiel, Barbara A. Wilson, Lindsay McLellan, Sandra Horn, Martin Watson

Date published: 2000
Age range: + 16 years
Components: Manual, 25 scoring sheets
Qualification:
- Chartered Psychologist
- Medical Doctor
- Occupational Therapist
- Nurse

Price of complete test:
- £69.93 Inc. VAT
- £64.00 Exc. VAT

Scoring sheets (per 50):
- £74.33 Inc. VAT
- £65.90 Exc. VAT

ISBN: 1 874261 61 x

Rivermead Assessment of Somatosensory Performance [RASP]

Overview
Assess somatosensory functioning after stroke and other neurological disorders

Authors: Charlotte E. Winward, Peter W. Halligan, Derick T. Wade

Date published: 2000
Age range: Adult
Administration: 25–30 minutes
Components: Manual, 25 scoring sheets, reference card, 2 aesthesiometers/neurometers, 2 neurotemps, two-point discriminator/neurodisk, and 30 neurotips

Qualification:
- Medical Doctor
- Occupational Therapist
- Physiotherapist

Price of complete test:
- £199.75 Inc. VAT
- £170.00 Exc. VAT

Scoring sheets (per 50):
- £37.95 Inc. VAT
- £32.30 Exc. VAT

ISBN: 1 874261 51 2
Pyramids and Palm Trees

Overview
A test of semantic access from words and pictures

Authors: David Howard, Karalyn Patterson
Date published: 1992
Age range: Adult
Norms: 73 controls
Components: Manual, 50 scoring sheets, stimulus book
Qualification:
- Chartered Psychologist
- Occupational Therapist
- Speech & Language Therapist

Price of complete test:
- £95.02 Inc. VAT
- £96.35 Exc. VAT

Scoring sheets (per 50):
- £17.68 Inc. VAT
- £15.05 Exc. VAT

ISBN: 1 874261 15 6

This test determines the degree to which a subject can access meaning from pictures and words. Information from the test will enable the tester to establish whether a subject’s difficulty in naming or pointing to a named picture is due to a difficulty in retrieving semantic information from pictures, or a difficulty in retrieving semantic information from words, or, in the case of a naming failure, a difficulty in retrieving the appropriate spoken form of the word.

Six different versions of the test are possible by using either pictures, written or spoken words to change the modality of stimulus or response items. The pattern of results can be used to build up a picture of the subject’s ability to access semantic and conceptual information, and so to indicate whether a subject has a central, modality-independent impairment to semantic knowledge, or whether there are modality-specific difficulties in access to semantics.

The test is therefore ideal for theoretically motivated testing of picture and word comprehension in subjects with aphasia, visual agnosia and general semantic impairment (as in many subjects with Alzheimer’s disease). Its simple forced-choice format makes it suitable for use even with subjects having, for instance, global aphasia, where it may be the only practicable way of testing semantic knowledge.

The test is short and easily administered, and provides essential information for evaluation of semantic disorders, and may help in the design of appropriate rehabilitation programmes.

The Autobiographical Memory Interview (AMI)

Overview
Investigate retrograde amnesia

Authors: Michael Kopelman, Barbara A. Wilson, Alan Baddeley
Date published: 1990
Age range: Adult, +18 years
Components: Manual, 25 scoring sheets
Qualification:
- Chartered Psychologist
- Psychiatrist
- Occupational Therapist
- Speech & Language Therapist

Price of complete test:
- £85.99 Inc. VAT
- £78.00 Exc. VAT

Scoring sheets (per 50):
- £113.21 Inc. VAT
- £96.35 Exc. VAT

ISBN: 0 9514322 5 7

Retrograde amnesia often leads to an impairment of autobiographical memory, the capacity to recollect the facts and incidents of one’s earlier life. Although not measured by standard memory tests, it is valuable to assess autobiographical memory for at least three reasons: first, to understand the nature of any memory deficit observed; second, to allow more adequate counselling; and third, to provide an individual focus for subsequent treatment, such as reminiscence therapy.

Many important clinical disorders give rise to impairment in autobiographical memory. These include the organic amnestic syndrome, dementing disorders, and possibly various psychiatric disorders, including depression and schizophrenia.

The Autobiographical Memory Interview (AMI) provides a useful research tool for investigating retrograde amnesia. Patients who may be very similar on standard memory tests can differ markedly in their autobiographical memory performance. The test assesses a subject’s recall of facts from their own past life and also assesses a subject’s recall of specific incidents in their earlier life. Both types of memory are assessed across three broad time bands: childhood, early adult life, and recent facts/incidents. It thus allows a measurement of the pattern of autobiographical memory deficit, and the detection of any temporal gradient in retrograde amnesia.

The Autobiographical Memory Interview provides an assessment of a subject’s personal remote memory, in contrast to existing tests which probe memory for public events and personalities. As such, the test is not dependent on the level of the patient’s habitual interest in current affairs and news events. Furthermore, it does not require regular updating in the same way as remote memory tests based on public events.

The Autobiographical Memory Interview has a high interrater reliability and has been validated in four ways. Material on the detailed validation studies is available upon request.
Introduction
Patients with severe physical and/or visual impairments are frequently unable to perform tasks required in existing tests of auditory comprehension. This is for reasons unrelated to their comprehension skills but because the procedures often require physical manipulation of the test materials and good vision. The Putney Auditory Comprehension Screening Test (PACST) provides a screening tool for such patients. It has been designed to improve methods of assessing auditory comprehension for patients with severe physically disabling conditions, as found in some cases of advanced multiple sclerosis, Huntington’s disease, brain injury and brainstem stroke.

Nature of the test
The test provides an indication of how appropriate it is for the patient to (a) make decisions regarding their care, (b) give consent to procedures such as insertion of gastronomy tube or other surgical interventions, or (c) indicate their understanding of complex legal issues such as Power of Attorney. It uses a simple form of communication involving a number of yes/no questions, and develops a test of ‘ability to understand’, which can be completed even by those with limited movement, impaired vision, unreliable episodic memory, or no speech.

To confirm a level of understanding in patients where it was not previously apparent has important implications for that patient’s quality of life and their opportunity to regain some control over their environment by making decisions for themselves. The PACST will also assist carers and relatives to communicate appropriately with the patient, and in providing the patient with a suitable level of stimulation.

The PACST provides a screening assessment that gives an indication of how much a patient can understand spoken language, and indicates the level of complexity of language presentation that would maximise their understanding. It requires only the ability to communicate ‘yes’ and ‘no’ by whatever means and does not rely on a patient’s abilities with respect to orientation, episodic memory, visual skills, or the manipulation of test material. There are 60 questions to which responses can be expressed verbally or by any means of assisted communication (chart, buzzer or other signal).

Memory complaints are often the first indicators of an impending dementia. Both visual and verbal memory systems are affected, yet most existing memory tests are typically verbal in nature. However, if a diagnosis of dementia that accurately reflects the degree and nature of neuropsychological deficits is to be achieved, it is important to develop appropriate non-verbal tests (Bucks & Willison, 1997). The LLT measures visuo-spatial learning and recall. It evaluates the ability to learn the spatial location of a series of everyday objects. It also offers a measure of delayed recall. By combining these measures, the LLT enables clinicians and researchers to identify a participant who is likely to be suffering from an acquired difficulty with learning and retaining new spatial information.

Visuospatial memory deficits appear to be a feature of a wide range of neurological disorders, all of which appear to be associated with specific damage to hippocampal structures including the parahippocampal gyrus. These include patients with parkinsonism and Parkinson’s disease (Giraudo, Gayraud & Habib, 1997; Sahakian, Morris, Evenden, Heald, Levy, Philpot, et al., 1988; Pillon, Ertle, Deweer, Bonnet, Vidalhelt & Dubois, 1997), Korsakov’s (MacAndrew, & Jones, 1993), schizophrenia (Wood, Proffitt, Mahony, Smith, Buchanan, Brewer, et al., 2002), stroke (Kessels, Kappelle, De Haan, & Postma, 2002), and right temporal lobectomy (Nunn, Polkey, & Morris, 1998). Finally, those with other types of dementia such as Diffuse Lewy Body disease appear to show particular difficulties with visuospatial learning tasks (Galloway, Sahgal, McKeith, Lloyd, Cook, Ferrier et al., 1992).

These results suggest that the LLT may prove useful in the clinical and research assessment of a number of conditions.

In addition, the LLT may be particularly sensitive to changes early in the disease course. Research has suggested that the pathologically underlying AD develops long before the patient fulfills the diagnostic criteria, particularly in the parahippocampal region (Nadel, 2000). Other tests of visuo-spatial learning have been shown to correlate with measures of global cognitive decline in individuals with mild cognitive impairment but no dementia (Fowler, Saling, Conway, Semple, & Louis, 1997; Swainson, Hodges, Galton, Semple, Michael, Dunn et al., 2001) and to predict subsequent conversion to dementia in individuals with questionable dementia (Blackwell, Sahakian, Vesey, Semple, Robbins & Hodges, 2003).
Visual Patterns Test (VPT)

Overview
Test short-term visual recall

Authors: Sergio Della Sala, Colin Gray, Alan Baddeley, Lindsay Wilson

Date published: 1997

Age range: Adult

Norms: 345 controls between 13–92 years

Administration: 10 Minutes

Components: Manual, stimulus cards, response sheet

Qualification:
- Chartered Psychologist
- Neurologist
- Occupational Therapist
- Speech & Language Therapist

Price of complete test:
- £76.38 Inc. VAT
- £65.00 Exc. VAT

Scoring sheets (per 50):
- £37.95 Inc. VAT
- £32.30 Exc. VAT

ISBN: 1 874261 16 4

The Visual Patterns Test (VPT) is a measure of short term visual memory that has been designed for use both as a clinical tool and a research instrument. Commonly used measures of non-verbal short term memory are loaded with a spatial component. A good example is the Corsi Blocks Test, which requires the subject to tap specified blocks in sequence. In the VPT, the subject is presented with matrix patterns of black and white squares in grids of varying size and required to memorize a series of black and white checkerboard-like patterns of increasing complexity. Such matrix patterns are virtually impossible to code verbally; moreover, in contrast to the Corsi Blocks Test, no sequencing is required. The VPT is therefore regarded as a purer test of visual memory than the Corsi Blocks Test.

Since the VPT disentangles, in patients as well as healthy subjects, visual storage from other aspects of short term memory, it has great potential for use in studies of attention, mental imagery, and memory. In the neuropsychological setting, it allows comparison of patient groups with different aetiologies, and affords a sensitive measure for use in single case research.

Statistical analysis of data from an age-stratified sample of 363 healthy subjects yielded norms for performance on the VPT, and showed robust associations of VPT with years of education and chronological age. The VPT has high test-retest and equivalent forms reliability, which have been demonstrated both in the standardization sample and in brain-lesioned patients. The VPT yields a single score, corrected for age and number of years of education and has two parallel forms. Relatively low correlations between the VPT and the Corsi Blocks Test in healthy subjects and in brain-lesioned patients confirm that the two tests are not tapping the same processes.

Most weight reduction programmes do not result in permanent weight loss for most individuals. Most people quickly regain their weight or even become heavier, possibly because the treatment does not fit the individual.

There are three main theories of overeating: Psychosomatic theory, Externality theory and Restraint theory, any one of which, or any combination of which might be responsible for an individual’s overeating. One person might overeat in response to negative emotions (psychosomatic theory); another in response to external food cues such as sight and smell of food (externality theory); and a third may overeat after a period of slimming, when the cognitive resolve to eat less than desired is abandoned (theory of restrained eating). Each of these various types of eating behaviour requires a specific type of treatment.

The structure of an individuals eating behaviour can be assessed in a valid manner using the Dutch Eating Behaviour Questionnaire (DEBQ). The test is easy to administrate, takes about 10 minutes to complete and has been used for adults and children as young as 9 years old.

The test has separate scales on emotional eating (13 items), external eating (10 items), and restrained eating (10 items). For each of the three scales various norm groups are available. If the individual’s current body weight and weight history are also taken into account, it becomes possible to decide which particular weight reduction programme can be best recommended.

See Reference section for further reading. To learn more about the DEBQ contact us on email: info@tvtc.com or see additional material at www.tvtc.com

“...To illuminate the neurobiological; substrates regarding feeding behavior, Volkow et al employed positron emission tomography to measure baseline levels of dopamine D2 receptors as well as dopamine responsivity to food stimulation in nonobese, healthy subjects. Two statistically significant and contrasting patterns were observed. In one, a positive correlation was observed between the Restraint factor of the Dutch Eating Behaviour Questionnaire and changes in dopamine with food stimulation, whereas lower D2 receptor availability correlated with increased scores on the Emotionality factor. The authors postulate distinct neurobiological processes, wherein increased dietary restraint develops a compensatory strategy to counteract the enhanced saliency of food stimuli mediated by dopamine sensitivity, with negative emotions resulting from hypofunctionality of dopamine regulated reward circuits eliciting excess food consumption to blunt effects of dopamine related deficits. “


Dutch Eating Behaviour Questionnaire (DEBQ)

Overview
Assess eating behaviour

Authors: Tatjana van Strien

Date published: 2002

Age range: Adult

Administration: 10 minutes

Components: Manual, questionnaire and 25 scoring sheets

Qualification:
- Clinical Psychologist
- Dietician
- Medical Doctor

Price of complete test:
- £83.74 Inc. VAT
- £80.25 Exc. VAT

Questionnaires and Scoring sheets (per 50):
- £51.00 Inc. VAT
- £43.40 Exc. VAT

ISBN: 1 874261 07 5
The Short Category Test, booklet format (SCT) reduces the length and complexity of the Halstead-Reitan Category Test, one of the most sensitive indicators of brain damage. Brief, portable, and easy to administer, the SCT uses less than half the items on the original test and presents them in convenient, spiralbound booklets. It eliminates entirely the expensive and cumbersome equipment required by the Category Test. Yet this practical new format retains the diagnostic power of the original test, effectively assessing cognitive deterioration in adults age 20 and older.

The SCT includes five subtests, each in a 5” x 7” booklet of 20 Stimulus Cards. As in the original Category Test, the cards show various geometric shapes, lines, colours and figures. All the cards within each booklet are organized around a single principle. The client is shown the cards, one at a time. In order to respond correctly, he or she must discern the principle underlying each series of cards. This requires specific mental abilities: abstract concept formation, learning capacity, adaptive skill, and cognitive flexibility. By testing these abilities, the SCT uncovers the important, but often subtle, deficits that are frequently present in brain damaged individuals. The test can be given to anyone who can see clearly and is alert enough to give a simple one-word response. (Individuals who are language impaired can respond by pointing to numbers on a special card provided with each subtest booklet.)

The SCT is very similar to the Category Test in terms of psychometric properties, discriminative ability, and correlation with other neuropsychological tests. It serves as a sensitive screening device in a variety of medical and mental health settings.

The Katz Adjustment Scales have been used extensively to measure community adjustment following psychiatric treatment. The Relative Report Form has been revised for even greater clinical utility. It comes with a manual that provides meta-norms, psychometric data, administration and scoring instructions, and interpretive guidance. In addition, The KAS-R now offers a Short Form, a Computer Report, and stable Index Scores.

Typically, the KAS-R is used to determine whether a patient needs follow-up rehabilitation services, and if so, how those services should be targeted. It has a wide range of applications in hospitals, outpatient clinics, and private practice – wherever psychopathology, social performance, and personal or social adjustment must be assessed.

The scales have been used in cross-cultural studies of schizophrenia, in clinical drug trials, and in assessing the social adjustment of medical patients and individuals with neurological conditions, such as epilepsy and brain trauma.

A family member or significant other can complete the KAS-R in 35 to 45 minutes. For respondents who have difficulty reading, the KAS-R can be administered as an interview, using the Response Card provided. The scales can then be hand or computer scored. Meta-norms are based on the response of nearly 2,000 individuals who rated adult family members.
Wisconsin Card Sorting Test® [WCST]

Overview
Detect perseverative thinking and assess abstract reasoning and measure executive function

Authors: David A. Grant, Esta A. Berg

Age range: Child, Adult 6.5–89 years

Norms: 899 US controls

Administration: 20–30 minutes

Components: Introductory Kit (Manual, 50 record booklets, 2 decks of cards)

Qualification:
- Chartered Psychologist

Price of complete test:
- £298.45 Inc. VAT
- £254.00 Exc. VAT

Record booklets (per 50):
- £71.09 Inc. VAT
- £60.50 Exc. VAT

Although the Wisconsin Card Sorting Test® (WCST) is used primarily to assess perseveration and abstract thinking, it has gained increasing popularity as a neuropsychological instrument. It has been considered a measure of executive function because of its sensitivity to frontal lobe dysfunction. As such, the WCST allows the clinician to assess the following ‘frontal’ functioning: strategic planning, organized searching, utilizing environmental feedback to shift cognitive sets, directing behaviour toward achieving a goal, modulating impulsive responding.

- 4 stimulus cards incorporate 3 stimulus parameters.
- 2 identical decks of 64 response cards.
- 4 page record booklet (for scoring, referral, and medical information, etc.).
- Objective scores for specific sources of difficulty on a task.
- Raw score to normalized standard, percentile, and T-score conversion.
- Case illustrations aid in scoring and interpretation

Administration and Scoring
Clients should have normal or corrected vision and hearing sufficient to adequately comprehend the test instructions and to visually discriminate the stimulus parameters of Colour, Form, and Number.

The WCST provides objective measures of overall success and identifies particular sources of difficulty on the task.

Wisconsin Card Sorting Test: 64 Card Version

Overview
Detect perseverative thinking and assess abstract reasoning and measure executive function

Authors: Susan K. Kongs, Laetitia L. Thompson, Grant L. Iverson, Robert K. Heaton

Date published: 2000

Age range: Child, Adult 6.5–89 years

Norms: 899 US controls

Administration: 10–15 minutes

Qualification:
- Chartered Psychologist

Components: Introductory Kit (Manual, 50 record booklets, 1 card deck)

Price of complete test:
- £219.73 Inc. VAT
- £187.00 Exc. VAT

Record booklets (per 50):
- £72.26 Inc. VAT
- £61.50 Exc. VAT

The Wisconsin Card Sorting Test® (WCST) has been widely used with many different patient groups. Recently, concerns for patient comfort, managed care, and tighter research budgets have encouraged both clinicians and researchers to use shorter test batteries.

The WCST-64 uses only the first 64 WCST cards, thereby shortening the administration time for most individuals while retaining the task requirements of the standard version. The WCST-64 also eliminates variability in the number of cards administered, facilitating straightforward comparisons of test-retest stability and comparisons of individual test results with normative and validity data.

Among clinical populations with known or suspected brain dysfunction, these requirements may not be fully met. In such cases, the reliability and validity of the WCST data will depend on the clinical skill and expertise of the test administrator.

- The response cards display figures of varying forms (crosses, circles, triangles, or stars), colours (red, blue, yellow, or green), and number of forms (one, two, three, or four).
- The response cards are numbered from 1 to 64 on the lower left corner of the reverse side to ensure a standard order of presentation. They reflect three stimulus parameters: Colour, Form, and Number.
- Respondents are required to sort the cards according to different principles (Colour, Form, or Number) and to alter their approach as unannounced shifts in the sorting principle occur during the test administration.

Special features
- The WCST provides normative, reliability, and validity data are derived from the same samples described in the Wisconsin Card Sorting Test Manual-Revised and Expanded (Heaton, Chelune, Talley, Kay, and Curtiss, 1993).
- Individual WCST protocols were obtained and rescored for the first 64 cards administered.
- WCST-64 raw scores with corresponding demographically corrected normative data for the WCST-64 variables are provided in the WCST-64 Manual.
This comprehensive manual for the RAVLT contains everything you need to know about this widely used neuropsychological test. Originally developed in the 1940s, the RAVLT has evolved over the years, and several variations of the test have emerged. The Handbook includes more than a dozen variations: test forms and stimulus sheets of various lengths, in various languages, using various recognition and recall strategies. The standard RAVLT format starts with a list of 15 words, which the examiner reads aloud at the rate of one word per second. The test-taker’s task is to repeat all the words he or she can remember, in any order. This procedure is carried out a total of five times. Then, the examiner presents a second list of 15 words, allowing the test-taker only one attempt at recall. Immediately following this, the individual is asked to remember as many words as possible from the first list.

The RAVLT is useful in evaluating verbal learning and memory, including proactive inhibition, retroactive inhibition, retention, encoding versus retrieval, and subjective organization. Because the test is brief, straightforward, easy to understand, and appropriate for children, adolescents, and adults, it has gained widespread acceptance.

However, until now, comprehensive data about the RAVLT norms, validity studies, different administration and scoring procedures, etc., have been scattered in various sources. This handbook describes the test, its development, and its uses including the following topics:

- Administration and Scoring
- Selecting Norms
- Selecting an Appropriate Form
- A Review of RAVLT Norms
- Interpretation
- Moderator Variables (Age, Education, Intelligence, Gender, Ethnicity, Culture, and Clinical Diagnosis)
- Impaired Motivation and Malingering
- Alternate Forms and Test-Retest Comparisons
- Reliability and Validity

Appendices include test form and stimulus sheets, supplementary scores and indexes, and conversion tables for obtaining T-scores, T scores, standard scores, and approximate percentiles. In addition, a 4-page Record Sheet and Score Summary allows you to quickly organize and record RAVLT special scores and indexes.

Rey Auditory Verbal Learning Test: A handbook [RAVLT]

**Overview**

- Evaluate verbal learning and memory.
- Spiral bound book, 125pp

**Author:** Michael Schmidt

**Administration:** 5 minutes

**Age range:** 7–89 years

**Qualification:**
- Chartered Psychologist

**Components:** Handbook, record sheet and 35 score summaries

**Price of complete test:**
- £76.24 Inc. VAT
- £73.00 Exc. VAT

**Record sheets (per 25):**
- £25.85 Inc. VAT
- £22.00 Exc. VAT

Rey Complex Figure Test and Recognition Trial [RCFT]

**Overview**

- Measure visuospatial ability and memory

**Authors:** John E. Meyers, Kelly R. Meyers

**Date published:** 1995

**Age range:** 6–89 years

**Norms:** 601 adults and 505 children and adolescents

**Qualification:**
- Chartered Psychologist

**Administration:** 45 minutes

**Components:** Introductory Kit (Manual, manual Supplement, 50 test booklets, Stimulus Card)

**Price of complete test:**
- £233.84 Inc. VAT
- £199.00 Exc. VAT

**Test booklets (per 50):**
- £129.84 Inc. VAT
- £110.50 Exc. VAT

**ISBN:** 0 1586 7990 3
Symbol Digit Modalities Test [SDMT]

Overview
- Screen for organic cerebral dysfunction

Authors: Aaron Smith

Administration: 5 minutes

Age range: Child, Adult +8 years

Components: Manual, 25 Autoscore test forms

Qualification:
- Chartered Psychologist

Price of complete test:
- £81.08 Inc. VAT
- £40.54 Exc. VAT

Autoscore™ (per 25):
- £69.00 Inc. VAT
- £34.50 Exc. VAT

The Symbol Digit Modalities Test (SDMT) detects cognitive impairment in less than 5 minutes. This simple, economical test is an ideal way for busy clinicians to screen for organic cerebral dysfunction in both children (8 years and older) and adults. Brief and easy to administer, the test has demonstrated sensitivity in detecting not only the presence of brain damage, but also the changes in cognitive functioning over time and in response to treatment.

The SDMT involves a simple substitution task that normal children and adults can easily perform. Using a reference key, the examinee has 90 seconds to pair specific numbers with given geometric figures. Responses can be written or oral. The WPS AutoScore™ Test Form simplifies scoring.

Studies have shown the test effective in a wide range of clinical applications:
- Differentiation of brain-damaged from psychotic patients
- Differentiation of organics from depressives
- Early detection of dementia and Huntington's disease
- Differential diagnosis of children with learning disorders
- Early identification of children likely to have reading problems
- Assessment of change in cognitive functioning over time and/or with therapy in individuals with traumatic, vascular, neuropsychiatric, and other brain insults
- Assessment of recovery from closed-head injury

The Manual provides separate norms for written and oral administrations of the test. Norms for children are also separated by sex and age, whereas those for adults are separated by age group and level of education.

Unlike other symbol substitution tests, the SDMT also gives you the opportunity to compare written and spoken responses from the same individual. As written or spoken responses are possible, the test can be used with those with motor disabilities or speech disorders. Like any single neuropsychological test, the test is optimally used as part of a battery of instruments. It is highly effective as an initial screener.

Hooper Visual Organization Test [VOT]

Overview
- Short screening test for neurological impairment

Authors: H Elston Hooper

Age range: Child, Adult

Components: VOT Kit (Manual, 25 test booklets, 4 reusable test pictures booklets, 100 answer sheets, 1 scoring key)

Administration: Approximately 15 minutes

Qualification:
- Chartered Psychologist
- Occupational Therapist
- Speech & Language Therapist

Price of complete test:
- £180.95 Inc. VAT
- £154.00 Exc. VAT

Test booklets (per 25):
- £64.44 Inc. VAT
- £22.50 Exc. VAT

The Hooper Visual Organization Test (VOT) allows you to quickly detect neurological impairment. Widely used with adults and adolescents, the VOT can now be administered to children as well. Norms based on a sample of more than 500 children from 5 to 13 years of age are provided with the manual.

Nature of the test
This screening test measures the individual's ability to organize visual stimuli – a task that is particularly sensitive to neurological impairments. It taps both general and specific cognitive functions, including:
- Concept formation
- Short and long-term memory
- Written or oral labelling of familiar objects

The test consists of 30 line drawings, each showing a common object – e.g. an apple – that has been cut into several pieces. The pieces are scattered on the page like parts of a puzzle. The client's task is to tell you what the object would be if the pieces were put back together correctly.

The VOT minimizes situational factors – such as low motivation or inattention on the subject's part – that can lead to diagnostic error. It is relatively independent of distractability or verbal ability and doesn't require a motor response. The test is non-threatening, and it usually engages even the most reluctant subjects. Those who can't come up with the correct answers can still respond to the items in some way. This allows you to successfully test individuals who might refuse to cooperate on an intellectual task where failure is more obvious.

Unlike many neurological test, the VOT does not measure speed of response, which can be affected by depression, anxiety, motivation, biochemical shifts, and, of course, normal aging. Therefore the VOT has no time limits. This makes it a more specific measure of visual integration that is diagnostically useful with a wide variety of people, including the elderly.
WPS Electronic Tapping Test [WPS ETT]

**Overview**

- Assist in neuropsychological evaluation

**Norms:** 184 controls, +16 years

**Components:** WPS Electronic Tapping Test

**Price of complete test:**
- £151.58 Inc. VAT
- £129.00 Exc. VAT

**Qualification:**
- Chartered Psychologist

The *Electronic Tapping Test* is an accurate, easy-to-use finger or foot tapping measure for neuropsychological evaluation. This compact electronic tapper automatically starts a 10 second timer as soon as the first tap is made. The digital display shows a dash (–) until 10 seconds are up at which point it shows the number of taps made during that interval. Additional taps, made after the ten-second period has elapsed, are not recorded.

Measuring 4.5” x 2.75” x 1” high, this pocket size unit comes in a sturdy but lightweight plastic housing. It operates on a single 9-volt battery (not included) and requires no adapter.

Normative data confirm that results obtained using this tapper are comparable to those obtained from mechanical tappers. Norms are provided separately for males and females, various age groups, and for preferred and non-preferred hands.
Behavourial Assessment of the Dysexecutive Syndrome for Children (BADS-C)

Overview

Assist in early identification of deficits in executive functioning in children

Authors: Hazel Emslie, F. Colin Wilson, Vivian Burden, Ian Nimmo-Smith, Barbara A. Wilson,

Date published: November 2003

Age range: Child, 8–16 years

Administration: 35–45 minutes

Norms: 259 controls, 8 age groups, 3 ability bands, aged scaled scores and percentile ranks


Qualification:

• Chartered Psychologist
• Paediatric Psychologist
• Neuropsychologist
• Psychiatrist
• Research Assistant* (*see page 35)
• Occupational Therapist*

Price of complete test:

• £399.50 Inc. VAT
• £340.00 Exc. VAT

Scoring sheets (per 50):

• £37.01 Inc. VAT
• £31.50 Exc. VAT

DEX Questionnaires (per 50):

• £20.27 Inc. VAT
• £17.25 Exc. VAT

ISBN: 1 874261 12 1

Deficits in executive functioning are well documented in children and adolescents with neuro-developmental disorders such as Attention Deficit (AD), Pervasive Development Disorder (PDD) and those with traumatic brain injury (TBI). Recently there has been a rapid increase in the number of children diagnosed as suffering from developmental disorders associated with impaired executive function and self-regulation.

Many children with poor executive skills go on to experience weak social relationships, problems with communication skills, behavioural and learning difficulties, together with low self esteem. Since the effects of the dysexecutive syndrome (DES) are likely to become more marked with age as children have to cope with greater complexity in their educational, social and emotional life, early identification of DES is crucial.

Why should I use the BADS-C?

• BADS-C examines a number of aspects of the DES such as inflexibility and perseveration, novel problem solving, impulsivity, planning, the ability to utilise feedback and moderate one’s behaviour accordingly
• assessment of the different aspects of the DES is not confined to a single sub-task but is assessed in a number of different situations each of which uses interesting tasks analogous to those required in everyday life involving executive functioning
• the sub tests are brief, varied, fun to do, do not leave children with a sense of failure, and appeal to both girls and boys
• the tests are not influenced by practiced sub skills or motor control
• the BADS-C scoring methodology has been devised to ensure that clinicians can capture the qualitative richness of the observational data since it is important to look not only at the level of competence being demonstrated, but also at how the task was attempted
• there are comprehensive norms for 8 to 16 year olds derived from 259 UK children in age bands balanced for gender, general ability (mean estimated IQ 99.8, SD 13.4, range 70–127) and socio-economic background

Please contact us if you would like a detailed brochure describing the nature of the subtests or a sample BADS-C manual. These materials are also accessible from www.tvtc.com.
Research has established that ‘attention’ is not unitary but is comprised of functionally quite distinct attentional systems. In adults it has proved clinically very useful to be able to measure performance across these different domains using *The Test of Everyday Attention (TEA)*. Building on the international reputation of the TEA, the TEA-Ch comprises 9 subtests which measure children’s abilities to selectively attend, to sustain their attention, to divide their attention between two tasks, to switch attention from one thing to another and to withhold (inhibit) verbal and motor responses. Using attractive graphics and sound, the subtests are designed to be appealing to children as young as 6 without being inappropriate for use with adolescents up to the age of 16. The subtests are sensitive to the developmental progression of attentional skills. There are two parallel forms which allow for confidence in re-testing of the same child.

**Clinical and research strengths**

The TEA-Ch gives standardized scores that allow comparison of attentional performance in each of the attentional domains, and is suitable for group studies as well as the assessment of single cases. The subtests have been designed to be as conceptually simple as possible so that children with a wide range of abilities may be tested.

**Sky search** – A timed visual search test where children are asked to find identical pairs of space ships in a crowded sky. A score based on the time taken to find each target indicates the efficiency of this selective search. To reduce the effect of differences in motor speed on performance, a companion version of the task in which only targets are presented is used to control for this factor.

**Score** – A well validated measure of sustained attention is the capacity to maintain a count of tones when the tones are separated by long and unpredictable intervals. Although conceptually easy, real effort is required to keep one’s mind on task. Administered with the tape cassette, children are asked to imagine that they are keeping score by counting the scoring sounds in a computer game.

**Sky search DT** – Having established a baseline of timed visual search performance in the first test, the children are asked to repeat this under dual task conditions. As they scan the picture looking for targets they must also attend to the tape player and count the number of scoring sounds they hear. The decrement in visual search performance (weighted with the accuracy of counting performance) under these conditions can then be calculated.

**Creature counting** – This test considers the time and accuracy cost of having to switch between two response sets. Aliens are counted in their burrow with arrows indicating whether you must count up or count down.

**Map mission** – A second sampling of selective visual search performance. The children have to scan a complex map looking for particular symbols and marking them with a pen as quickly as they can.

**Score DT** – This test is sensitive to the allocation of attention in the auditory domain. Children are again asked to keep a count of the scoring sounds on the tape while at the same time monitoring a news story for the mention of an animal name.

**Opposite worlds** – This taxes the ability to inhibit a verbal response. Responding to pictures of the same world a 2 is a ‘two’ and a 1 is a ‘one’. In the opposite world it is, of course, reversed. The time cost of this reversal is then calculated.

**Walk, don’t walk** – This tests the ability to withhold a motor response. With each tone from the tape the child must make a mark with a pen (‘take a step’) along a paper path. They need to remain vigilant, however, as one tone ends differently from all the others and indicates that a step must not be made.

As the subtests progress the tasks speed up making it more likely that the child will make an error.

**Code transmission** – A continuous performance test of vigilance/sustained attention in which children are asked to listen to a tape segment of spoken numbers that will contain a code. They have to listen out to a two digit sequence and report the number that came immediately before to break the code. The test has 40 of such targets.

"I have found the TEA-Ch invaluable in both my clinical practice as well as my research on attentional impairments in childhood disorders. As a model-based assessment tool capturing the multidimensional nature of this construct, the TEA-Ch has been long-awaited."

*Shelley C. Heaton, Ph.D., Assistant Professor at the University of Florida*

---

**The Test of Everyday Attention for Children (TEA-Ch)**

**Overview**

Assess the different attentional capacities in children and adolescents

**Authors:** Tom Manly, Ian H. Robertson, Vicki Anderson, Ian Nimmo-Smith

**Date published:** 1998

**Age range:** Child, 6–16 years

**Norms:** 293 controls, 6–16 years by 6 ages bands, aged scales scores and percentile ranks

**Administration:** 55–60 minutes

**Other languages:** Dutch, French, German

**Components:** Manual, 25 scoring sheets, cue book, 2 audio tapes, stimulus cards and maps

**Qualification:**
- Chartered Psychologist
- Paediatric Psychologist
- Occupational Therapist* (*see page 35)

**Price of complete test:**
- £386.58 Inc. VAT
- £74.30 Exc. VAT

**Scoring sheets (per 50):**
- £329.00 Exc. VAT
- £74.30 Exc. VAT

**ISBN:** 1 874261 41 5
The Rivermead Behavioural Memory Test for Children (RBMT-C)

Overview
Predict everyday memory problems in children

Authors: Barbara A. Wilson, Rebecca Ivani-Chalian, Frances Aldrich

Date published: 1991

Age range: Child, 5–11 years

Norms: 335 controls, 36 patient clinical study

Administration time: 25–30 minutes

Validation
The RBMT-C has been validated using the observations of houseparents of children with severe epilepsy. The houseparents rated everyday memory failures. The correlation between houseparents’ ratings and children’s scores on the RBMT-C was 0.71 (p < 0.001).

Components: Manual, 25 scoring sheets, supplement, 3 stimulus books, set of stories and story pictures, gold stars, audiotape, timer

Price of complete test:
• £198.22 Inc. VAT
• £168.70 Exc. VAT

Scoring sheets (2 xpack of 25):
• £40.42 Inc. VAT
• £34.40 Exc. VAT

ISBN: 0 9514322 9 x

Behavior Rating Inventory of Executive Function [BRIEF™]

Overview
Assess executive function in children and adolescents

Authors: Gerard A. Gioia, Peter K. Isquith, Steven C. Guy, Lauren Kenworthy

Administration: 10–15 minutes

Age range: Child, 5–18 years

Norms: 1,419 US parents. 720 US teachers

Qualification:
• Chartered Psychologist
• Occupational Therapist
• Speech & Language Therapist


Price of complete test:
• £178.60 Inc. VAT
• £152.00 Exc. VAT

Scoring sheets (per 25):
• £29.96 Inc. VAT
• £25.50 Exc. VAT

Questionnaires (per 25):
• £41.71 Inc. VAT
• £35.50 Exc. VAT

There are few tests available for the assessment of children’s memory, and none of these sample a wide range of memory functions. While existing tests may provide useful answers to theoretical questions, they provide little guidance for the clinician trying to establish and alleviate practical difficulties encountered by the child in daily life.

The Rivermead Behavioural Memory Test for Children (RBMT-C) has been devised to solve this problem. It comprises a number of subtests, each attempting to provide an objective measure of one of a range of everyday memory problems reported and observed in subjects with memory difficulties. This version of The Rivermead Behavioural Memory Test has been standardized for use with children aged 5 to 10 years. Norms are available for six age bands ranging from 5 to 10 years 11 months.

The BRIEF consists of 2 rating forms – a parent questionnaire and a teacher questionnaire – designed to assess executive functioning in the home and school environments. The BRIEF is useful in evaluating children with a wide spectrum of developmental and acquired neurological conditions such as, learning disabilities, low birth weight, ADHD, Tourette’s Disorder, TBI and Pervasive Developmental Disorders/autism.

Each BRIEF questionnaire contains 86 items in 8 nonoverlapping clinical scales and 2 validity scales. These scales form two broader index scales – the Behavioral Regulation Index and the Metacognition Index. These indexes are derived from the 8 clinical scales and are intended to reflect broad, more comprehensive constructs. The BRIEF is a standardized test that is suitable for testing children aged 5 to 18 years.

Scoring
For each sub test the raw score is converted into a standardized profile score depending on the age of the child, and these are summed to give an overall profile score. There are four parallel versions of the test to allow for repeated assessments.

“I am delighted to see that at last we have a standardized test that is suitable for testing children’s memory in a range of everyday situations. For too long we have been forced either to rely on digit span as the sole indicator of memory function, or else to adapt adult tests which may have inappropriate content for children and for which we do not have adequate norms. The RBMT-C will prove invaluable in the assessment of children with neurological disorders and in the evaluation of outcome after procedures such as neurosurgery or cranial irradiation, and will help us specify more clearly the nature of unexplained learning difficulties.”

Dorothy Bishop

Indexes: Behavioral Regulation (3 scales) and Metacognition (5 scales), as well as a Global Executive Composite score.

• Reliability – High internal consistency (as = 0.80 to 0.98); test-retest reliability (rs = 0.82 for parents and .88 for teachers); and moderate correlations between teacher and parent ratings (rs = 0.32 to 0.34).

• Validity – Convergent validity established with other measures of inattention, impulsivity, and learning skills; divergent validity demonstrated against measures of emotional and behavioral functioning; Working Memory and Inhibit scales differentiate among ADHD subtypes.

• Normative data – Based on child ratings from 1,419 parents and 720 teachers from rural, suburban, and urban areas, reflecting 1999 US census estimates for SES, ethnicity, and gender distribution.

• Separate normative tables for both the parent and teacher forms provide T-scores, percentiles, and 90% confidence intervals for four developmental age groups (5–18 years) by gender of the child.

• Clinical sample included children with developmental disorders or acquired neurological disorders.
At its most simple, reading can be sub-divided into aspects of decoding (translating print to sound) and of comprehension. The inability to develop proficient decoding skills is an obstacle to the development of literacy. A test of decoding skill is therefore an essential part of any battery of reading tests. There are many tests of reading available and therefore an obvious question is why introduce one which involves reading nonsense? There are at least two ways in which to read a printed word. The first involves recognising the word visually and relating its meaning to its pronunciation (‘look-mean-say’). The second involves pronouncing the word by a process of letter sound translation (‘phonics’).

Some children (and some neurological patients) can read words visually, and this may mask an underlying phonological reading problem. Such children will have great difficulty in working out novel printed words – that is, those for which they do not have a visual memory. Asking children to read nonwords that they have not seen before provides a pure test of phonological decoding and therefore is to be recommended.

Research strengths
This test has been developed on the basis of some 20 years research with children who have reading difficulties. The test has been standardized on more than 600 children in the age bands of 5 to 11 years. It has high internal and test-retest reliability, and it correlates well with performance on other standardized reading tests in the normal population.

Clinical strengths
- It takes about 5 minutes and is easy to use.
- The test is graded to allow discontinuation in the face of difficulty.
- Assessment of whether a child’s nonword reading score is at the expected level for their age.
- It is useful in the diagnosis of developmental dyslexia.
- The test enables you to look for discrepancies between word and nonword reading ability. If a child’s reading age is known, it is possible to derive a reading age equivalent score for the GNWRT for comparison purposes.

The GNWRT can be used diagnostically when setting up educational programmes. The test will be useful with normally developing children as a quick reading test, as well as with children who have special needs.

Test for Creative Thinking-Drawing Production (TCP-DP) is a screening instrument that allows for a first simple and economic assessment of a person’s creative potential. It may serve to identify very high creative potential as well as to recognise individuals with underdeveloped or retarded creative abilities who are in need of promotion, challenge or support.

The test is available in two forms A and B, normally given one after the other, applicable in single or group testing with individuals between 5 and 95 years of age. The administration needs 15 minutes for each form.

On the test sheets some special fragments of figures are provided, stimulating further drawing in a very free and open way. The drawing product is evaluated and scored by means of 14 evaluation criteria representing the test construct. Besides a rough classification, percentiles and T-scores are also provided if needed. Empirical studies of reliability and validity are documented in the manual.
Workshops

Overview

1 day workshop, refreshments, buffet lunch, and a copy of Selecting, administrating and interpreting cognitive tests: guidelines for clinicians and therapists.

Price:
- £110.75 Inc. VAT
- £95.00 Exc. VAT

TVTC offers a program of specialized workshops throughout the year for therapists, providing guidance in the use of cognitive assessments in general, and specific instructions in the use of certain TVTC tests. The workshops are run by a practicing occupational therapist together with an experienced chartered psychologist at the London Resource Centre at regular intervals throughout the year.

The day-long courses are aimed at professionals such as occupational therapists (graded senior II and above) and speech and language therapists. Many of our neuropsychological tests are restricted for use by chartered psychologists or clinical therapists who have experience in test interpretation and measurement theory. On completion of the workshop attendees receive certification enabling them to administer the TVTC tests featured in the workshop, namely, The Doors and People, Behavioural Assessment of the Dysexecutive Syndrome (BADS) and The Test of Everyday Attention (TEA).

The workshops also appeal to psychologists wishing to familiarise themselves with TVTC publications prior to work with patients.

Bespoke Courses

In addition to the above workshops, we are also able to offer tailored in-house courses to meet the specific needs of a group of professionals working in a locality or PCT, or needing instruction in the use of a particular test or groups of tests. Please contact us for further details and fees.

Selecting, administering and interpreting cognitive tests: guidelines for clinicians and therapists

Overview

48 pages

Authors: Jonathan J. Evans, Barbara A. Wilson, Hazel Emslie

Date published: 1996

Price: £9.00

ISBN: 1 874261 06 7

Many clinicians and therapists give cognitive tests and it is vital that assessors are competent to select the most appropriate tests, administer them properly and have the skills to interpret the results correctly.

This booklet provides a short introduction to the most important issues in the selection, administration and interpretation of cognitive tests. It is aimed trainee clinical psychologists, psychiatrists, neurologists, occupational and speech therapists who wish to learn about, or revise their knowledge of the process of cognitive testing.

The booklet covers issues such as how to ensure a professional approach to testing, the general process of cognitive assessment, what is a standardized test and how to interpret results using test norms, definitions of impaired performance, reliability and validity of tests, and communicating test results. Answers to a number of ‘frequently asked questions’ are provided. Issues are illustrated with reference to some of the most frequently used TVTC cognitive tests.
This book shares techniques for alleviating, compensating for, or by-passing many of the daily problems confronted by memory impaired people and their relatives, friends, and carers. The book contains information that is supported by examples taken from the daily lives of memory impaired people. Therapists working with or advising memory impaired people and their families will appreciate the breadth and depth of knowledge brought to the numerous questions which are of crucial interest to this group of clients.

In lay terms, the book seeks to answer the following questions:

- What is memory?
- What are the different aspects of memory?
- How are people with a memory problem affected?
- What types of information need to be remembered?
- What are the stages of the memory process?
- What kinds of remembering are needed?
- What does it mean to have a memory problem?
- What causes memory problems?
- What are memory problems like?
- Are there other problems that can be mistaken for memory difficulties?
- What kinds of everyday difficulties do memory impaired people experience?
- Does stress make memory problems worse?
- Does memory get worse as we get older?
- How are memory problems assessed?
- What does the medical specialist do?
- What does having a brain scan involve?
- What does the psychologist do?
- What specialist help is available for people with memory problems?
- What are external memory aids?
- How can we adapt and cope?
- How can we make life easier?
- How to choose the right external memory aid?
- How easy is it to use external memory aids?
- How can we improve emotional well being?
- How can we improve general well being?
- What about the needs and well being of carers?
- How can we make the most of memory?
- Can people be helped to remember better?
- How can we help people get information into memory more efficiently?
- Do memory impaired people learn from their mistakes?

This book brings together theoretical and clinical aspects of Neuropsychological Rehabilitation. Following an introductory chapter and a brief history of Neuropsychological Rehabilitation, there are chapters on specific cognitive deficits (attention, executive deficits, memory, and language). The next section addresses rehabilitation of emotional, social and behavioural disorders. It then covers specific groups of people (children, people with dementia and people in reduced states of awareness). Although the main focus of the book is on adults with non-progressive brain injury, these other groups are included as NR is being increasingly employed with them. The book concludes with a chapter on systems of service delivery and another on the future of NR. It presents current practice techniques in cognitive rehabilitation from a conceptual and theoretical perspective. It offers both clinicians and researchers a sense of the research and theory underlying current clinical applications.

Table of Contents

Chapter 1: The Theory and Practice of Neuropsychological Rehabilitation: An Overview Barbara A. Wilson
Chapter 2: Stages in the History of Neuropsychological Rehabilitation Corwin Boake
Chapter 3: Rehabilitation for Disorders of Attention Tom Manly
Chapter 4: Rehabilitation of Executive Deficits Jonathan J. Evans
Chapter 5: Rehabilitation of Memory Deficits Barbara A. Wilson
Chapter 6: Rehabilitation of Language Disorders Anastasia M. Raymer and Lynn M. Maher
Chapter 7: Neuro-Rehabilitation and Cognitive Behaviour Therapy for Emotional Disorders in Acquired Brain Injury W. Huw Williams
Chapter 8: Enhancing Outcomes after Traumatic Brain Injury: A Social Rehabilitation Approach Robyn L. Tate, Barbara Strettles, and Thelma Osoteo
Chapter 9: Rehabilitation of Behaviour Disorders Nick Alderman
Chapter 10: Rehabilitation for People with Dementia Linda Clare
Chapter 11: Outcome and Management of Traumatic Brain Injury in Childhood: The Neuropsychologist Contribution Vicki A. Anderson
Chapter 12: Rehabilitation of People in States of Reduced Awareness Agnes Shiel
Chapter 13: Rehabilitation Services and their Delivery T.M. McMillan
Chapter 14: The Future of Neuropsychological Rehabilitation Barbara A. Wilson

Coping with memory problems

Overview
64 pages
Authors: Linda Clare, Barbara A. Wilson
Date published: 1997
Price: £11.00
ISBN: 1 874261 11 3

Neuropsychological Rehabilitation: Theory and Practice

Overview
Bound, 312 pages
Editor: Barbara A. Wilson
Date published: August 2003
Price: £70
ISBN: 90 265 1951 6
Practice of Child-Clinical Neuropsychology

**Overview**
Bound, 250 pages

**Authors:** Byron P. Rourke, Harry van der Vlugt, Sean B. Rourke

**Date published:** 2002

**Price:** £70

**ISBN:** 90 265 1929 X

The aim of this work is to provide a comprehensive treatment-oriented introduction to the practice of child-clinical neuropsychology, focusing exclusively on the assessment of children and adolescents. The book has been designed specifically for those who wish to pursue education and training in this area of professional endeavour. The volume gives consideration to the following issues:

- Treatment-oriented model of neuropsychological assessment.
- Principles and hypotheses concerning the remediation of brain impairments in childhood and early adolescence.
- Variables related to the known or hypothesized brain lesion.
- Determination of the child's remedial needs and remediable capacities, approaches to treatment and implementation of the remedial plan.
- Learning disabilities and case studies.
- Neurological disease, disorder, and dysfunction and case studies.

Ethical Issues in Clinical Neuropsychology

**Overview**
Bound, 340 pages

**Authors:** Shane S. Bush, Michael L. Drexler

**Date published:** 2002

**Price:** £70

**ISBN:** 90 265 1924 9

Until now there has been no single volume in which a broad and comprehensive scope of ethical questions in neuropsychology is discussed. The editors have called upon leading thinkers in the field of neuropsychology and ethics to address this. This book affords the seasoned practitioner as well as the beginner a broad sampling of research and commentary on the ethical dilemmas involved in the clinical practice of neuropsychology. Part I presents ethical issues that arise in the provision of neuropsychological services irrespective of setting, whereas Part II concentrates on the unique ethical challenges that attend practice with specific populations. Each chapter offers a rare view into the actual practice of neuropsychology and the examples highlight an oft-quoted observation at Ethics Committee meetings that good clinical practice is good ethical practice. Carefully crafted vignettes allow the reader to apply these concepts to a myriad of situations confronting practicing clinical neuropsychologists.

Neuropsychological Differential Diagnosis

**Overview**
Bound, 272 pages

**Authors:** K.K. Zakzanis, L. Leach, E. Kaplan

**Date published:** October 1999

**Price:** £57

**ISBN:** 90 265 1552 9

This provides clinicians and researchers with a useful guide to make a differential diagnoses with commonly employed neuropsychological tasks and test measures using meta-analysis. It contains a compendium of neuropsychological profiles for practitioners and students of neuropsychology, behavioural neurology, psychiatry and speech pathology, and others whose work bring them into contact with patients suffering from common neurological and neuropsychiatric diseases.
In recent years, forensic neuropsychology has become a practice area of explosive growth and interest. This text elucidates the practice of forensic neuropsychology for those who need to understand the scope and limitations of this field. Fifteen chapters by neuropsychology and legal experts organized into four sections (Fundamentals, Practice Expertise, Relevant Populations, and Parameters of the Forensic Arena) convey authoritatively a breadth of relevant information and the state-of-the-art of forensic neuropsychology. Topic coverage includes: essential psychometrics, complexities of executive functions, ecological validity and variables affecting decision-making.

For individuals who wish to better understand the methods by which we obtain functional brain images, whether they be graduate students or seasoned clinicians or researchers, this book will be a very useful resource. Designed for the non-specialist, this highly readable, generously illustrated guide explains how PET, MEG and fMRI images of brain activation are constructed and how they are related to behavioural and cognitive functions and disorders. It discusses the range of imaging applications and their impact on psychology, neuroscience, psychiatry and behavioural neurology and epistemology.

* Qualifications note

Only those meeting the TVTC competency qualification guidelines detailed below should use this test.

The test administrator must, as part of their academic or professional training, have successfully completed a course in test interpretation, psychometrics and measurement theory, educational statistics or a closely related field or hold certification from a suitable professional body providing training in the ethical and competent use of psychological assessments.
**Registration**

You must be registered with TVTC before you can order or use the assessments in this catalogue. Please photocopy and complete the following form and return it to us prior to ordering. Alternatively, you may register online at www.tvtc.com.

We take all reasonable steps to ensure that TVTC tests are properly used. We therefore only provide tests to individuals and departments whose skills, training and experience match the necessary requirements for competent administration, scoring and interpretation.

Once you have registered with us we will issue you with your unique TVTC registration number that you should quote on all subsequent orders. Tests will only be despatched where orders quote your registration number.

---

**Part A: Individual users complete this part**

<table>
<thead>
<tr>
<th>Title</th>
<th>First name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Last name</th>
</tr>
</thead>
</table>

**Your professional status**

**Your address**

<table>
<thead>
<tr>
<th>Your address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Post code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Departmental address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Post code</th>
</tr>
</thead>
</table>

**Please list any other TVTC tests that you use:**

| Please list any other TVTC tests used within the department: |

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
</table>

---

**Part B: Departmental representatives complete this part**

<table>
<thead>
<tr>
<th>Title</th>
<th>First name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Last name</th>
</tr>
</thead>
</table>

**Department name**

**Departmental address**

<table>
<thead>
<tr>
<th>Departmental address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Post code</th>
</tr>
</thead>
</table>

| Please list any other TVTC tests used within the department: |

<table>
<thead>
<tr>
<th>Signature of representative</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
</table>

---
Once you have a TVTC registration number you can place orders with us in several ways.

- **Email:** orders@tvtc.com
- **Fax:** +44(0)1359 230581
- **Call:** +44(0)1359 232941
- **Web:** www.tvtc.com

If you prefer to complete the order form provided below, or if you need to raise an official purchase order, then please fax to +44(0)1359 230581 or post to:

Thames Valley Test Company Ltd.
Unit 22, The Granary
Station Hill
Thurston, Bury St. Edmunds
Suffolk, IP31 3QU

With all orders please provide the following details:

1. Your name and delivery address
2. Your TVTC registration number
3. The full title or ISBN of the materials you require
4. Your method of payment
5. The address and contact to which the invoice be sent (for Account customers only)
6. Your official Purchase Order number, if applicable

**Delivery within the UK**

We now deliver our tests via courier without any additional shipping charges.

We strive to ensure efficient and prompt delivery within 7 days. If you require more urgent delivery please note that this will incur an additional fee.

**Delivery overseas**

Charges for overseas delivery and handling are additional to the listed prices. Please ensure you contact us for exact charges on telephone +44(0)1359 232941 or info@tvtc.com prior to ordering.

**Payment**

Payment is required prior to delivery unless you have an established account with TVTC. All account orders are despatched with an invoice payable within 30 days.

Payment can be made by cheque, credit card or wire transfer. Cheques should be made payable to ‘Thames Valley Test Company’.

Should you wish to pay by BACS please contact us via info@tvtc.com for the relevant details.

**VAT**

Not all the materials in the TVTC catalogue are 100% vatable.

The VAT chargable is dependent on the components contained with the tests. Please refer to the pricing details of each test prior to ordering.

All prices in this catalogue are correct as of 1 January 2004 and are subject to change without notice.

Prices exclude delivery outside the UK and, where applicable, VAT.

**Credits and returns**

All orders are considered firm. TVTC accept returns and request for credits only where the materials are damaged or sent by mistake. In this case, you must contact us immediately and return all materials within 30 days of despatch by TVTC.
References

The Awareness of Social Inference Test (TASiT)


Behavioural Assessment of the Dysexecutive Syndrome (BADS)


Behavioural Inattention Test [BIT]


Dutch Eating Behaviour Questionnaire (DEBQ)

The Test of Everyday Attention for Children (TEA-Ch)


The Test of Everyday Attention (TEA)


Facial Expressions of Emotion: Stimuli and Tests (FEEST)


Naturalistic Action Test (NAT)

The Rivermead Behavioural Memory Test (RBMTII)


The Rivermead Behavioural Memory Test for Children (RBMT-C)


The Rivermead Behavioural Memory Test – Extended Version (RBMT-E)


Severe Impairment Battery (SIB)


Verb and Sentence Test (VAST)


The Wessex Head Injury Matrix (WHIM)


## Author index

**A**
- Alderman, Nick 5
- Aldrich, Frances 30
- Anderson, Vicki 29

**B**
- Baddeley, Alan 4, 7, 14, 20, 22
- Bastiaanse, Roelien 10
- Beaumont, J., Graham
- Berg, Esta, A. 24
- Boll, Thomas, J. 23
- Boller, Francois 6
- Bucks, Romola, S. 21
- Burden, Vivian 28
- Burgess, Paul, W. 5, 12
- Bush, Shane, S. 34
- Buxbaum, Laurel, J. 9
- Byrne, Lucie, M. T. 21

**C**
- Calder, Andy 13
- Clare, Linda 14, 33
- Cockburn, Janet 4, 13

**D**
- Della Sala, Sergio 22
- Drexler, Michael, L.E 34

**E**
- Edgeworth, Jennifer 16
- Edwards, Susan 10
- Ekman, Paul 13
- Evans, Jonathan, J. 32
- Emslie, Hazel 3, 5, 7, 15, 28, 32

**F**
- Ferraro, Mary 9
- Flanagan, Sharon 11
- Flury, Sarah 21
- Foley, Jennifer 3

**G**
- Gioia, Gerard, A. 30
- Golding, Evelyn 18
- Grant, David, A. 24
- Gray, Colin 22
- Groot, Yvonne 3
- Guy, Steven, C. 30

**H**
- Halligan, Peter, W. 13, 19
- Hawkins, Kari 3
- Heaton, Robert, K. 24
- Hodges, Professor, John
- Hooper, H. Elston 26
- Horn, Sandra 19
- Howard, David 20

**I**
- Isquith, Peter, K. 30
- Ivani-Chalian, Rebecca 30
- Iverson, Grant, L. 24

**J**
- James, Merle 17, 18
- Jellien, Hans, R. 31

**K**
- Kaplan, E. 34
- Katz, Martin, M. 23
- Kenworthy, Lauren 30
- Kopelman, Michael 20
- Kongs, Susan, K. 24

**L**
- Leach, L. 34
- Lintern, Tracey 21

**M**
- Manly, Tom 29
- Marjoribanks, Julia 21
- Meyers, John, E. 25
- Meyers, Kelly, R. 25
- McDonigle, K., L. 8
- McDonald, Skye 11
- McLean, Janet 31
- McLelean, Lindsay 19
- McMillan, Tom 16

**N**
- Nimmo-Smith, Ian 6, 7, 15, 28, 29

**P**
- Papanicolaou, Andrew, C. 35
- Patterson, Karalyn 20
- Perrett, David 13
- Plant, Gordon, T. 17

**R**
- Rispens, Judith 10
- Ridgeway, Valerie 6
- Robertson, Ian, H. 6, 16, 29
- Rollins, Jennifer 11
- Rourke, Byron, P. 34
- Rourke, Sean, B. 34

**S**
- Saxton, Judy 8
- Schwartz, Myrna, F. 9
- Segal, Mary 9
- Shallice, Tim 12
- Schmidt, Michael 25
- Shiel, Agnes 3, 19
- Smith, Aaron 26
- Snowling, Margaret 31
- Sprengelmeyer, Reiner 13
- Stothard, Susan 31
- van Strien, Tatjana 22
- Sweet, Jerry, J. 35
- Swihart, A., A. 8

**T**
- Tate, Robyn 14
- Thompson, Laetitia, L. 24

**U**
- Urban, Klaus, K. 31

**V**
- Veramonti, Tracy 9
- van der Vlugt, Harry 34

**W**
- Wade, Derick, T. 19
- Ward, Tony 6
- Warren, W., L. 23
- Warrington, Elizabeth, K. 17, 18
- Watson, Martin 19
- Watson, Peter 3, 14
- Wetzel, Linda 23
- Wilson, Barbara, A. 3, 4, 5, 13, 14, 19, 20, 28, 30, 32, 33
- Wilson, Colin, F. 28
- Wilson, Lindsay 22
- Willisson, Jonathan, R. 21
- Winward, Charlotte, E. 19

**Y**
- Young, Andy 13
- Zakzanis, K. K. 34
International distributors

Asia Pacific

Australian Council for Educational Research (ACER)
Victoria McNab
19 Prospect Hill Road
Camberwell
Victoria, 3124
Australia
+61 3 9835 7447
+61 3 9835 7499
sales@acer.edu.au
www.acerpress.com.au

New Zealand Council for Educational Research
Education House
178–182 Willis Street
Wellington 1
New Zealand
+64 4 384 7939
+64 4 384 7933
http://www.nzcer.org.nz/

Deltason Medical Ltd.
Room 1404, Wah Chun Ind. Centre
54 Tai Chung Road
Tsuen Wan
Hong Kong
China
+852 2416 8321
+852 2437 9407

Artsberg Enterprise Ltd.
Room 1611, 16/F Nan Fung Commercial Centre
19 Lam Lok Street
Kowloon Bay
Hong Kong
China
+852 2303 0081
+852 2330 3487

European

ETC Consult
17 Leeson Park
Lote 29
Dublin 6
Ireland
+353 1 497 2067
+353 1 497 2518
etcc@iol.ie

Éditions et Applications Psychologiques (CAP)
95 Boulevard de Sebastopol
75002 Paris
France
+33 1 55 34 93 13
+33 1 55 34 93 03
www.editionseap.fr

Swets Test Services GmbH
Ralf Horn
Mainzer Landstrasse 625-629
65933 Frankfurt am Main
Germany
+49 69 633 988 0
+49 69 633 988 77
info@swetstest.de
www.swetstest.de

Swets Test Publishers
“Zakencentrum” De Witte Zwaan
Haven 3a
2161 KS Lisse
Netherlands
+31 252 435 900
+31 252 435 901
www.swetstest.nl

Hogrefe-Verlag, GmbH
Testzentrale
Robert-Bosch-Breite 25
D-37079 Göttingen
Germany
+49 551 516 88 14
+49 551 506 88 24
testzentrale@hogrefe.de
www.testzentrale.de

Psykologien Kustannus Oy
Lönnrotinkatu 30 D
00180 Helsinki
Finland
+35 9612 6060
+35 9612 6066
www.psykologienkustannus.fi

North America

Northern Speech Services, Inc.
117 North Elm Street
PO Box 1247
Gaylord
MI 49735
USA
+1 517 732 3866
+1 517 732 6164
www.nss-nrs.com

Psychological Assessment Resources, Inc.
PO Box 998
Odessa
Florida 33556
USA
+1 813 968 3003
+1 813 968 2598
www.parinc.com

Western Psychological Services
12021 Wilshire Boulevard
Los Angeles
CA 90025
USA
+1 310 478 2061
+1 310 478 7838
www.wpspublish.com

Psychologiförlaget a.b.
Box 47054

Psykologiförlaget a.b.
Box 47054

Arstaängsvägen IC
100 74 Stockholm
Sweden
+46 8 775 09 00
+46 8 775 09 02
info@psychologiforlaget.se
www.psychologiforlaget.se

Thames Valley Test Company Catalogue 2004 5
Thames Valley Test Company
Unit 22, the Granary
Station Hill
Thurston
Bury St Edmunds
Suffolk IP31 3QU
England

telephone
+44 (0)1359 232941
facsimile
+44 (0)1359 230581
e-mail
orders@tvtc.com
web
www.tvtc.com

2004 TVTC Catalogue
complete catalogue of psychological tests