

Memory Problems: **Brain Injury** Usually acquired through brain injury (patient Clive, H.M etc.)
Degenerative Disorders dementia, AIDS etc.

Management of Memory Problems

Hierarchy of Approaches (Barbara Wilson).

Does memory recover after brain injury?

Level of Involvement Increases > Alter environment, use aids (bleeper, notes etc.), teach compensatory strategies (verbal strategies for non-verbal impairments), evaluate ability to manage personal aspects independently. Interactions are structured according to severity.

Adapting Environment: An inpatient ward or residential unit for example provides an environment so that the patient will be less reliant on memory. Doors and cupboards can be labelled, arrows can show routes, make predictable routines

External Memory Aids: Compensate for memory problems by using aids to remind. Diaries etc. can help patients with short memory span and anterograde amnesia to support themselves independently. They find social situations like arguments difficult because they can't keep track of what they actually said.

Teaching Compensatory Strategies: Teaching strategies to facilitate greater encoding and memory for new information.

Organic deficits do not tend to return to state previous to injury.

Degenerative disorders tend to decline.

General improvement and then stability after single injury.

Neuropage (Wilson, 2001) This is a portable paging system used to send reminders. Wilson found that participants using Neuropage first (before treatment) improved more than those who received Neuropage after being on waiting list.

Encoding: Increasing attention during encoding. Elaboration of information being encoded (why is x true?). Use cues linked to material encoding.

Mnemonic Strategies: Basic associations like rhyme or more specific techniques (**method of loci**)

Spaced rehearsal and retrieval (Ebbinghaus), Sleep (allows for consolidation), establishing multiple traces (Nadel)

Errorless Learning (Baddeley et al. 1994): This encourages patients to practice something rather than just being told or shown (mistakes are pertinent) (practice phone number by getting them to say all digits, then 7 digits, then 6 etc.). Amnesic patients expressed no real preference.