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With Professor Barbara Wilson OBE

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Once you have booked this course the resources will be immediately made available to you.

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This presentation begins with definitions of coma, the vegetative state (VS) and the minimally consciousness state (MCS), the three groups of patients with a disorder of consciousness (DOC) we are concerned with here. We consider the causes of a DOC and how to determine if someone is in coma, the VS or the MCS. We look at videos to illustrate the three conditions and stress a DOC is not to be confused with the Locked-In Syndrome (LIS). We look at some assessment procedures for people with a DOC and consider evidence showing that assessing people in an upright position can increase the number of behaviours in about 75 per cent of patients. The presentation on reduced consciousness concludes with a history of one man who was in a DOC for 19 months but then made a good recovery. Reasons for this are discussed.

The second part of this presentation is concerned with the Locked-in Syndrome (LIS) and the personal views of LIS patients. The syndrome is explained, a brief history of the condition is provided, views of LIS patients are offered and ways to assess people with LIS are discussed.









Although patients with LIS are often stated to have normal cognitive functioning, mild problems are usually found. With some planning and adjustment, it is possible to conduct formal neuropsychological assessment. Despite the fact that studies of healthy individuals show they assume the QOL of patients with the LIS is so poor that life is not worth living, this is not the view of those with the syndrome and most of them feel they have a reasonable QOL. Communication with LIS patients is slow but not too difficult. Although certain tests cannot be administered and others may be inappropriate, many measures of cognition, emotion, pain and QOL can be administered. Much of the frustration faced by those with the LIS derives from the fact that many people cannot be bothered to communicate with them. Neuropsychologists can influence this situation.

LEARNING OUTCOMES

At the end of this presentation participants will:

- Understand how to determine if someone with a DOC is in coma, the VS or the MCS
- Be able to establish if a patient has a DOC or a LIS
- Know how to assess such patients
- Recognise that lying down, sitting in a wheelchair or standing upright on a standing frame or tilt table may influence test scores
- Be aware of possible recovery after a long period in a DOC
- Be able to distinguish between LIS and a disorder of consciousness
- Have an idea of possible communication methods when interacting with someone with a LIS
- Know which tests are appropriate and inappropriate when assessing someone with a LIS
- Be aware of the problems a person with LIS might present with









BIOGRAPHY

PROFESSOR BARBARA WILSON OBE CPsychol, PhD, FBPsS, FmedSci, AcSS

Barbara Wilson is a clinical neuropsychologist who has worked in brain injury rehabilitation for 42 years. She has published 31 books, 203 peer reviewed papers, 123 chapters and 8 neuropsychological tests. She has won many awards for her work including an OBE from the Queen in 1998, for services to rehabilitation; five lifetime achievement awards, one from the British Psychological Society, one from the International Neuropsychological Society, one from the National Academy of

Neuropsychology, one from the Encephalitis Society and one from the NHS 70 year anniversary parliamentary awards where she was regional champion for the Midlands and East Region. In 2011 she received the Ramon Y Cahal award from the International Neuropsychiatric Association.

In 2014 she received an honorary degree from The University of Cordoba, Argentina. Also in 2014 she received the M.B. Shapiro award from The Division of Clinical Psychology (affiliated to The British Psychological Society) for Distinguished Contributions to Clinical Psychology. In 2019 she received the annual award from the Spanish Clinical Neuropsychological Society. She is editor of the journal "Neuropsychological Rehabilitation" which she founded in 1991 and in 1996 she established the Oliver Zangwill Centre for Neuropsychological Rehabilitation. A rehabilitation centre in Quito, Ecuador is named after her. She is president emeritus of the UK Encephalitis Society and is on the management committee of The World Federation of Neuro Rehabilitation. The UK Division of Neuropsychology has named a prize after her, the 'Barbara A Wilson prize for distinguished contributions to neuropsychology.'

Barbara is a Fellow of The British Psychological Society, The Academy of Medical Sciences and The Academy of Social Sciences. She is honorary professor at the University of Hong Kong, the University of Sydney and the University of East Anglia. She has held 30 research grants. Her work has resulted in changes in clinical practice. For example, as a result of a randomised control trial evaluating a paging system to improve the everyday functioning of people with memory and planning problems, the local health authority set this up as a health care system for people throughout the United Kingdom. Barbara A Wilson has been involved in the training of clinical psychology trainees (interns) for many years. Some of her ex students have been high achievers. These include Jonathan Evans, Linda Clare, Nick Alderman, Jane Powell, Tatia Lee and Agnes Shiel, all of whom are full professors.











