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General Information

Foundations I

Foundations II

Memory I

Memory II

Problem Solving I

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Visuospatial I

Visuospatial II

United States and Canada
 PSSCogRehab 2012 (runs PC) is on a high quality TrusCont 1 GB flash drive that is FIPS 140-2 Level 3 Certified and has AES 256-bit hardware encryption. Just plug it in, enter the password and use it. The on-the-fly encryption/decryption is done automatically through the hardware. Lock it when you are done.

Other Countries
 Comes on a high quality TrusCont 1 GB password protected flash drive.

Welcome to PSSCogRehab 2012 - our comprehensive and easy-to-use multimedia cognitive rehabilitation software system that is supported by numerous research publications as a viable therapy protocol for those needing cognitive skill enhancement training. If you need to purchase your rehab software then this is the system for you. If you prefer to utilize the Internet in your therapy setting then you might want to take a look at our online subscription-based Neuropsychonline or Challenging Our Minds systems.

PSSCogRehab 2012 has been totally rewritten with all new graphics, additional therapy exercises, menu selectable Administration features and much more. It contains all eight therapy modules, preinstalled on a high quality Flash Drive. The Flash Drive is totally self contained. You do not install it on the computer. This means you can carry your PSSCogRehab 2012 system around with you and use it on any Windows (XP or higher) or Apple Mac OSX computer simply by plugging it into the USB port.

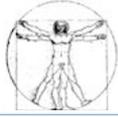
The eight software modules in the PSSCogRehab 2012 system include some sixty-seven computerized therapy tasks, most of which contain User modifiable parameters that extend the utility of each program to fit nearly any requirement presented by your patient or student. The focus of the individual exercises extends from simple attention and executive skills, through multiple avenues and modalities of visuospatial and memory skills, all the way up to problem solving skills ranging from the simple to extremely complex. This compendium of programs was 30 years in the making and has

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The basic attention and executive skills are the building blocks and the very foundation of all higher cognitive functioning. We start all of our patients at this foundations level regardless of the severity of injury or impairment or the person's level of intellectual functioning. Whether a patient's IQ is 65 or 165 this is where it all begins. The exercises in Foundations I are designed to train visual and auditory attention skills and integrate these skills with some very basic executive functioning. The tasks address focusing, shifting, sustaining and dividing attention in addition to tracking and targeting. The executive skills demands involve simple discrimination, initiation, inhibition and differential responding.

If a person's skills in these areas are truly intact they will progress very rapidly through these programs to the next stages. If the skills are not intact, and in most cases you will find at least subtle problems, then it may take a little tedious work but the outcome of the whole cognitive rehabilitation process may depend on what is accomplished at this level.

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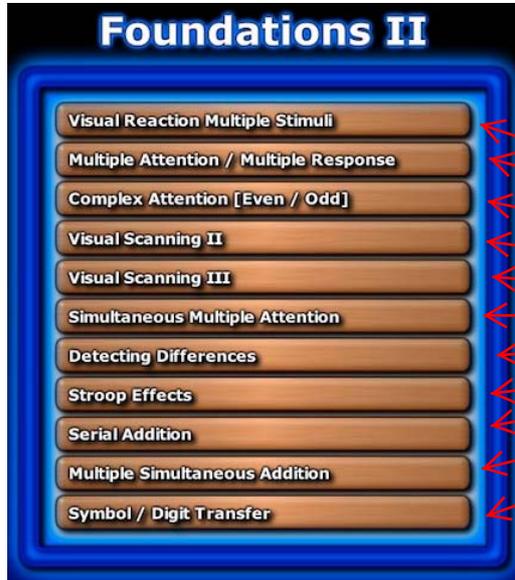
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These exercises are a continuation and an extension of what was begun in Foundations I. The attentional demands are much greater, involving simultaneous multiple attention, greater concentration and longer periods of sustained attention. On the executive side these tasks require much more information processing and the visual motor coordination demands are extremely great in a couple of the exercises. A few of the programs provide some feedback about the nature of incorrect responses that can provide information about impulsivity and/or guessing behavior in the patient or student. And some require that the focus of attention move back and forth from whole-gestalt to detail.

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Memory I

- Spatial Memory [Trail Trace]
- Spatial Memory [Shapes and Places]
- Sequenced Recall [Words (visual)]
- Sequenced Recall [Digits (visual)]
- Sequenced Recall [Graphics (visual)]
- Sequenced Recall Reversed [Digits (visual)]
- Sequenced Recall Reversed [Graphics (visual)]
- Sequenced Recall [Digits (auditory)]
- Sequenced Recall Reversed [Digits (auditory)]
- Non-Sequenced Recall [Digits (visual)]
- Non-Sequenced Recall [Graphics (visual)]

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We have observed two distinctly different types of memory problems in our patients. The first type includes persons for whom it appears there is brain damage specifically to vital memory centers of the brain that prevents the formulation or retrieval of memories. These people may have trouble recalling places, persons and events even within a few minutes of the event. From our experience, there appears to be little or nothing that can be done to restore or retrain this type of memory loss.

The second type includes people who complain of memory problems, especially for incident information, information occurring in familiar stimulus situations and information such as appointments, messages, errands, etc.. Upon formal memory testing, these people may only show minor or no weaknesses, however their forgetfulness does cause them major daily problems. Impairment of attention and executive skills is probably most responsible for this second type of memory problems.

It is for this second type of problem that cognitive rehabilitation appears to play a beneficial role. The programs in this series, Memory I and Memory II provide for training exercises that can build up the attention and executive skills utilized in storing and retaining information and provide a means for the patient and therapist to train cognitive skills.

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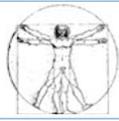
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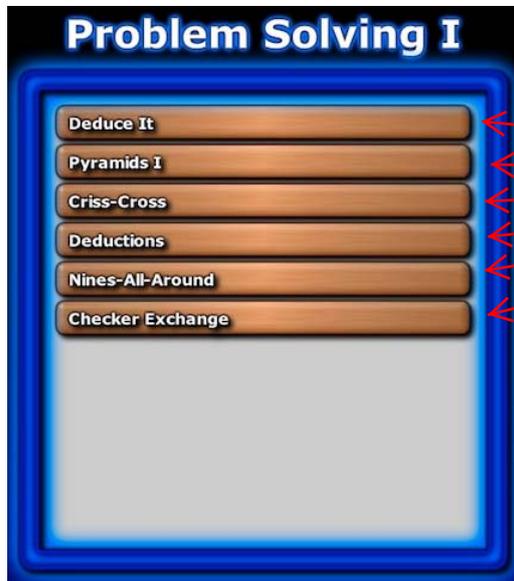
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These programs include a good variety of problem solving tasks. The tasks are fairly difficult, particularly at the higher levels, but by the time our patients get to this stage in therapy (usually about 6-8 months into therapy) they have already developed the basic skills they will need here. Most of our patients, even those with severe impairment when they started therapy, work to and through this module.

The therapist must master these tasks before presenting them to a patient. Almost invariably, and rightly so, the patient is going to ask, 'Can you do this yourself?' and you must be able to say, 'Yes, I can.' Besides, you need to 'know' what it feels like to solve and/or master these tasks so you can discuss and share techniques with the patient.

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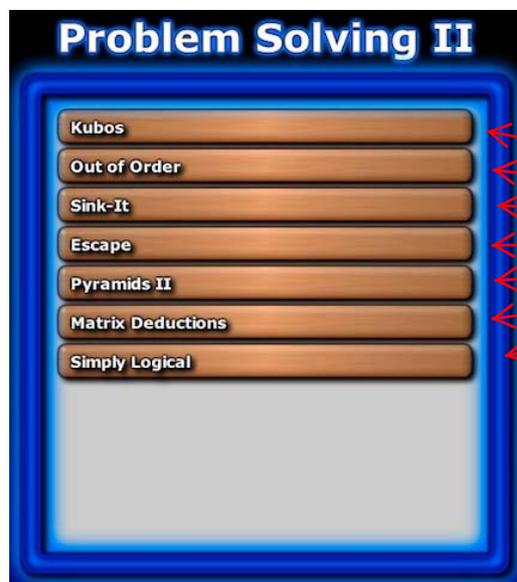
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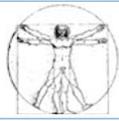
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This package provides additional activities in which the patient can integrate and utilize all the attention and executive skills they have been working so hard to acquire through the other more basic exercises on earlier packages (i.e. Foundations I, Foundations II, etc.). While some of the tasks on Problem Solving I required more in the way of performance skill development, the tasks on Problem Solving II require more in the area of logical thinking and deduction type skills. The higher levels on some of these tasks are extremely difficult.

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This group of exercises introduces the patient or student to tasks requiring visuospatial analysis and visuomotor integration skills. In addition, we use these exercises to address complex attention and executive skills.

The default levels will be appropriate starting places for most people, but for most of these tasks, there are lower levels available through the Parameter Modification screen.

Tasks such as the Mazes program and Ball-In-A-Box provide continuous feedback in that the patient is controlling the movement of an object on the screen and can see the effects of corrections immediately. Other tasks are more heavily weighted on the visual perception side. The therapist may need to train the patient's visual analysis skills by pointing out features in the stimuli for which patients should attend.

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The Visuospatial II programs require a great deal more information processing than seen with Visuospatial I. In order to respond quickly and accurately the patient will have to develop mental imagery skills. The Labyrinth program requires one to maintain a sense of orientation and visual imagery of the pathways and positions.

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