

PATIENT CARE

* To Answer the 'Reason for Referral'

Neuropsychological

1. Psycho-Diagnostics* (evaluation & diagnosis)

It follows 3 steps:

- a. Clinical History Taking
- b. Psychometric Testing
- c. Clinical Observation

1. Remediation*

- Counselling
- Rehabilitation

2. Neuropsychological Disability* for 'chronic neurological conditions'.

* These include Cognitive as well as Non-Cognitive aspects



DEVELOPED NEUROPSYCHOLOGICAL TESTS & PROCEDURES

Neuropsychological Screening Tools for Clinicians & Para Clinicians




**Dementia Assessment By Rapid Test
(DART)**
A Dementia Screening Tool For Indian Population

Authors: Swati Bajpai, Manjari Tripathi & Ashima Nehra
Clinical Neuropsychology & Neurology,
Neurosciences Centre, AIIMS, New Delhi, India.

NEUROPSYCHOLOGICAL EVALUATION SCREENING TOOL (NEST)

Name: _____
Age: _____
Sex: M F

Attention, Immediate Recall Frontal & Temporal Lobe



Name: _____
DOB: _____ Sex: _____
Education: _____
Handedness: _____ DOI: _____
NIH Score/MRS Rating : _____
Type of Stroke: _____




**Preliminary Aphasia Screening Test
(PAST)**

Authors: Harsimarpreet Kaur, Sakshi Chopra, Rohit Bhatia, Ashima Nehra
Clinical Neuropsychology, Neurosciences Centre,
All India Institute of Medical Sciences (AIIMS), New Delhi

Expressive Index (page1)
Receptive Index (page2)

Telephonic Cognitive Assessment (TNCA)

Patient Name _____ Age /Sex _____ UHID/TC/TR No. _____
Date _____ Follow up No. _____ Education _____ Phone No. _____
Diagnosis _____ Time Taken _____ Examiner _____



	INSTRUCTION & SCORING FOR EXAMINER		TASK	SCORE
O	Ask the patient the following one by one.	R	शुद्धीकरण :-	

Purpose:

The purpose of screening is to identify people in an apparently healthy population who are at higher risk of a health problem or a condition. Screening tools were developed for neurological conditions, These tests are not intended to diagnose and early detection of cognitive impairment may allow for earlier treatment of reversible causes. These were prepared for assisting the clinicians for formulating a specific 'reason for referral' more objectively. It also helps them to reduce busy clinic time.

When can it be used:

For Preliminary Identification of individuals at potentially high risk for a specific condition or disorder can indicate a need for psycho-diagnostics (including need for referral). It is brief & narrow in scope. May be administered as a part of a routine clinical visit. It can be used to monitor treatment progress, outcome or change in symptoms over time.

Who can administer:

After brief training it may be administered by clinicians, para-clinical staff.

How to Obtain:

You may write to us at nscneuropsych@aiims.edu It will require your declaration & consent to acknowledge AIIMS, ND.

DEVELOPED NEUROPSYCHOLOGICAL TESTS & PROCEDURES

Neuropsychological, 'History Taking Proforma'
Clinical Neuropsychology; Neurosciences Centre
All India Institute of Medical Sciences, New Delhi

PLEASE PASTE REGISTRATION DETAILS (sticker)

Name: CNP/NCR/CDM/NR / Ward Details:
Age:
Sex:
UHID:

S.NO. _____ MLC/Non MLC
Date of Referral: _____
Date of Psychodiagnostics: _____
Address:
Contact:
Referred by:
Reason for Referral :
Diagnosis (Provisional/Final):

Family Type: Joint Nuclear Extended DATE OF BIRTH _____
Religion: Hinduism Islam Sikhism Christianity Others Not Known
Marital Status: Married Unmarried Divorced Separated Widow Not Known
Income: Family Annual Income (Rs. _____) BPL
Languages: Hindi Urdu Punjabi English Telugu Kannada Others _____
Education: Illiterate Primary Middle Matric 12th Pass Graduate Master/Professional Not Known

Neuropsychological History taking proformas

Purpose:

One of the services provided includes Psychodiagnostics [total package includes (a)Clinical History Taking; b)Psychometric Testing; c)Clinical Observation] for which proper history taking is required. The information obtained is important for psychodiagnostics while answering the 'Reason for Referral' posed by the clinicians.

When can it be used:

For Preliminary Identification of individuals at potentially high risk for a specific condition or list of presenting and underlying problems needed for psychodiagnostics. It is brief & narrow in scope. May be administered as a part of a routine clinical visit, to monitor treatment progress, outcome or change in symptoms over time.

Who can administer:

After brief training it may be administered by qualified / practicing psychologists (interested in the field of neuropsychology).

How to Obtain:

You may write to us at nscneuropsych@aiims.edu It will require your declaration & consent to acknowledge AIIMS, ND.

'Neuropsychological Dementia History Taking Proforma'
Clinical Neuropsychology; N.S. Centre;
All India Institute of Medical Sciences, New Delhi

PLEASE PASTE REGISTRATION DETAILS (sticker)

Name: Institute
Age: Registration
Sex: details / Ward
UHID/Hospital ID Details:

S.NO. _____ MLC/Non MLC
Date of Referral: _____
Date of Psychodiagnostics: _____
Address:
Contact Mobile no:
Referred by:
Reason for Referral :
Diagnosis (Provisional/Final) by the Source of Referral :

Family Type: Joint Nuclear Extended Single Child Sibling(s) _____
Marital Status: Married Unmarried Divorced Separated Widow Not Known
Education: Illiterate Primary Middle Matric Inter/Diploma Graduate Master/Professional Not Known
Income: Family Annual Income (Rs. _____) BPL
Religion: Hinduism Islam Sikhism Christianity Others Not Known Chief Informant: Self/Caregiver
Languages: Hindi Urdu Punjabi English Telugu Kannada Others _____ Name: _____
Occupation Status: Working/Not working/Retd. / Retired-Not working due to Dementia

History of Global Cognitive Status
Interview to Elicit details of Onset, Course, Degree & Nature of Cognitive & Personality Changes

ESTIMATE:

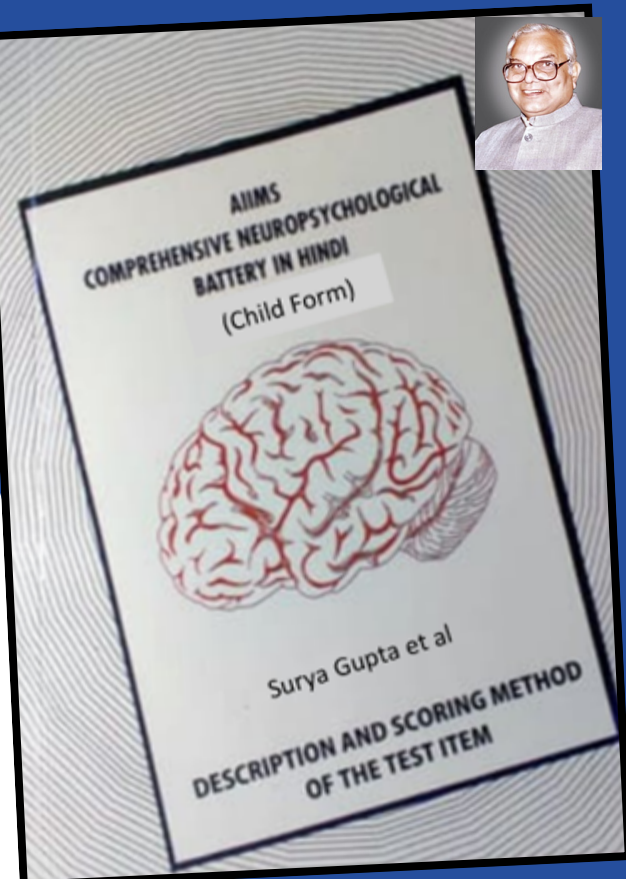
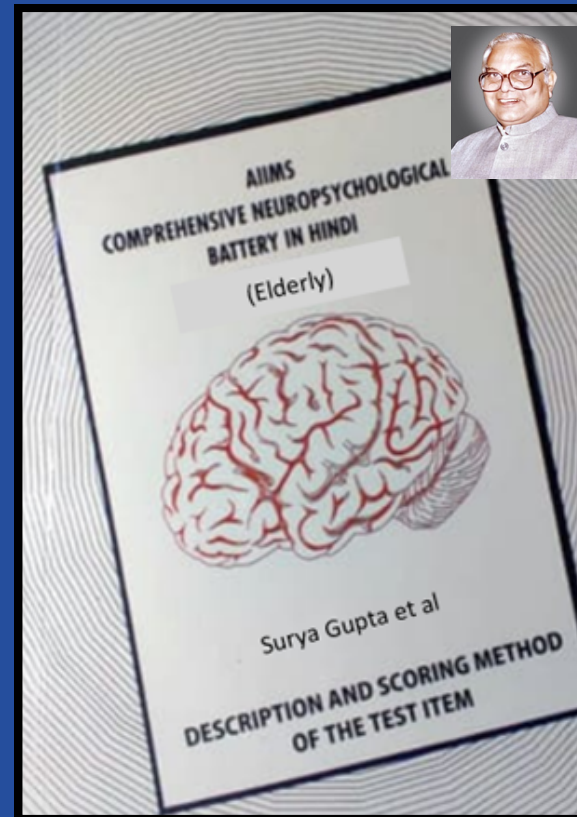
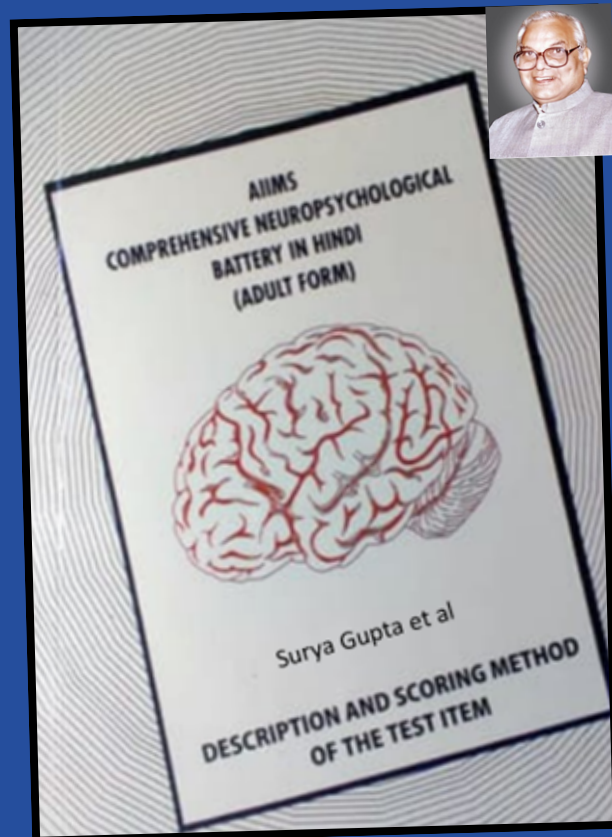


NEUROPSYCHOLOGY SEMI STRUCTURED INTERVIEW FORMAT
HISTORY TAKING OF ADULTS WITH EPILEPSY

Shivani Sharma, Manjari Tripathi, Ashima Nehra

Neurosciences Centre, All India Institute of Medical Sciences, New Delhi

DEVELOPED NEUROPSYCHOLOGICAL TESTS / BATTERIES



Availability: The AIMS neuropsychological batteries were developed by Dr. Surya Gupta. Their effectiveness was verified through joint efforts in collaboration with the Neurosciences Centre team at AIIMS, New Delhi. Initially, these batteries were made available by him for purchase through Prasad Psycho Corporation, India. Following the unfortunate passing of Prof. Gupta, the necessary procedures are being coordinated in accordance with current AIIMS regulations by the Patent & Copyright Division.

Procurement Information: To stay informed about the availability of these batteries, please monitor updates on the AIIMS website or express your interest by contacting us at

nscneuropsych@aiims.edu

DEVELOPED NEUROPSYCHOLOGICAL TESTS / BATTERIES

Publications

Kaur H, Bajpai S, Pershad D, Sreenivas V, Nehra A. Development and standardization of Indian aphasia battery. J Mental Health Hum Behav 2017; 22:116-22. (ORIGINAL ARTICLE) DOI: 10.4103/jmhbb.jmhbb_45_16

Harsimarpreet Kaur, Ashima Nehra, Sakshi Chopra, Hemchandra Sati, Rohit Bhatia, Senthil S. Kumaran, R.M. Pandey, M. V. Padma Srivastava. Development and Validation of a Comprehensive Neuropsychological and Language Rehabilitation for Stroke Survivors: A Home-Based Caregiver-Delivered Intervention Program. Annals of Indian Academy of Neurology, Volume 23, Supplement 2, 2020, pp S116-S122. DOI: 10.4103/aian.AIAN_500_20

H Kaur, G Sharma, R Bhatia, A Nehra. 2018. Effects of a different non-pharmacological interventions involving mindfulness based yoga and comprehensive neuropsychological rehabilitation with aphasia therapy on post ... International Journal Of Stroke 13, 65-66



Each of these sections contains (3 to 10 subtests)

Patient Performa (Socio-demographic
Medical History)

One Set of cards

Patients scoring sheet

Manual for administration scoring, norms

A Kit containing performance material

1. *Acoustic Problems*
2. *Speech & Language Problems*
3. *Simple Mathematical Problems*
4. *Perceptuo-motor & Writing Problems*
5. *Visual & Reading Problems*

IAB was developed as a tool in colloquial hindi for exploring language disturbances resulting from brain damage in adults.

Who can administer:

After brief training it may be administered by qualified / practicing/ budding Psychologists (working in the field of neuropsychology/ language).

Availability:

For Training Workshops for the above test is under process. Keep an eyes for updated on <https://www.aiims.edu> for the same.

DEVELOPED NEUROPSYCHOLOGICAL REHABILITATION PACKAGES

Since 'ONE SHOE DOES NOT FIT ALL'

These packages were developed based on the needs of the clinical population visiting NSC, AIIMS, ND.

1. **"RETRACE"** (Rehabilitation of Eclectic Cognitive Functioning post Traumatic Brain Injury to Retrain & Restore Attention, Concentration, Memory & Executive Functions)
2. **"REPAIR"** (Rehabilitation of Everyday Language and Cognitive Functioning Post Stroke for Aphasia Rehabilitation: An Indian Rehabilitation Programme)
3. **"RECREATE"** (Rehabilitation of Cognition Using Restorative Exercises And Activities Targeted For Elderly)
4. "Home based Multitasking Rehabilitation"
5. **"CRRIA"** (Cognitive Rehabilitation of Response Inhibition Ability)
6. **Rehabilitation** for Schizophrenia
7. Telephonic Psychological Intervention for Patients with Neurological Conditions
8. **"AIIMS EMPOWER"** AIIMS Indigenized Home Based, Attention & Memory Rehabilitation Program for Adult Patients with Drug Refractory Epilepsy

Who can administer:

After brief training it may be administered by qualified / practicing/ budding Psychologists (working in the field of neuropsychology) .

Availability:

Training Workshops for the above mentioned rehabilitation packages are under process. Keep an eye on <https://www.aiims.edu> for the same.

DEVELOPED NEUROPSYCHOLOGICAL REHABILITATION PACKAGES

Why were they developed: Because **'ONE SHOE DOES NOT FIT ALL'**

These packages were developed based on the needs of the clinical population visiting NSC, AIIMS, ND.

HOW to OBTAIN:

Information on Training Workshops for the listed neuropsychological rehabilitation packages will be posted on AIIMS Web Site. information will also be shared on obtaining the same after you will be given a certificate. Keep an eye on <https://www.aiims.edu> for the same.

Cognitive Rehabilitation for Dementia

- Randomized Trial
- Developed as a part of PhD thesis
- Progressive monochromatic picture based modules (112 modules)
- Retrain memory, attention and language
- Errorless principles used for training
- Intervention Time: 8 weeks (45-50 minutes session per week).

Neuropsychological Rehabilitation in Stroke

- Development of REPAIR.
- RCT
- Developed as a part of PhD thesis
- Tasks developed and standardized on healthy controls.

Computerized Multitasking Software

Computerized Open In Neuropsychological Testing using E-application of Multitask Paradigm (CONTEMP)

Home based Multitasking Rehab

The task was conceptualized based on the understanding that multitasking includes multiple modalities: visual, auditory, touch, verbal and memory which were rehabilitated through a 4 week, progressive task.

Neuropsychological Rehabilitation of Stroke

PIN-CoC INTERVENTION
PATIENT & CAREER INDIAN NEUROPSYCHOLOGICAL CONTINUUM OF CARE (PIN-CoC) MODEL

- Aiming to prevent secondary stroke and cognitive decline as well as enhance overall Quality of Life of Stroke patients
- Educating Stroke patients & Caregivers
- Developed as a part of AIIMS PhD Program
- Divided into – Psychoeducation, cognitive activities and lifestyle modification
- Intervention modules developed and validated by stroke medical and neuropsychological experts, patients and caregivers
- RCT on-going as a part of WHO funded project

Neuropsychological Rehabilitation for Epilepsy

EMPOWER

Impact Of The Clinico-technology Advancement Across The Disciplines In Producing Valid And Useful Outcomes.

Telephonic Psychological Intervention for Patients with Neurological Conditions

Cognitive Rehabilitation of Response Inhibition Ability (CRRIA)

- RCT
- Progressive monochromatic picture based modules (96 modules)
- Retrain attention, executive functioning, and response inhibition
- Errorless principles used for training
- Intervention Time: 6 weeks (45-50 minutes session per week).

DISABILITY

According to WHO forecasts, India is projected to incur a loss of 1.03 trillion dollars in economic value by 2030 due to mental and brain health issues & Neurological conditions are the main cause of death & disability around the world.

In 2005, Dr. Ashima Nehra, while caring for referred patients, identified gaps in neuropsychological disability psycho-diagnostics, and lack of cognitive assessments for individuals with diverse cognitive impairments resulting from neurological conditions. This realization served as the impetus for developing the Indian Standard Track for Assessing Neurological Disability (I-STAND), with a specific focus on chronic neurological disorders. Led by a multidisciplinary team at the Neurosciences Centre, AIIMS, New Delhi, India, the primary objective was to enhance the quality of life for patients & their caregivers through a more systematic & objective evaluation process. In 2011, Professors Padma Srivastava, Manjari Tripathi, & Ashima Nehra, supported by former HOD of Neurology, Prof. Madhuri Behari and former Director Prof. R.C. Deha, launched this collaborative initiative. This was possible with the support of Mr. T.D. Dhariyal, Former Dy. Chief Commissioner, G.O.I & State Commissioner Disability, Delhi, India. As a result, 'Chronic Neurological Conditions' were incorporated as a pivotal element of the 'Rights of Persons with Disabilities Act, 2016,' signifying a significant stride in the holistic & collaborative approach to healthcare.


MINISTRY OF LAW AND JUSTICE
(Legislative Department)
New Delhi, the 28th December, 2016/Pausha 17, 1938 (Saka)

The following Act of Parliament received the assent of the President on the 27th December, 2016, and is hereby published for general information:—

THE RIGHTS OF PERSONS WITH DISABILITIES ACT, 2016
(No. 49 of 2016)
[27th December, 2016]

An Act to give effect to the United Nations Convention on the Rights of Persons with Disabilities and for matters connected therewith or incidental thereto.


रजिस्ट्री सं० डी० एल०-33004/99 REGD. NO. D. L.-33004/99


भारत का राजपत्र
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1. Nehra A, Tripathi M, Srivastava M V. Neuropsychological Disability: A Hidden Epidemic of Neurological Conditions. *Neurol India* [serial online] 2020 [cited 2021 Aug 4];68:154-8. Available from: <https://www.neurologyindia.com/text.asp?2020/68/1/154/279709>

2. Bajpai S, Nehra A, Pandey R M, Sati H, Singh RK, Vishnu VY, Rajan R, Singh M, Srivastava A, Srivastava P, Tripathi M. Cognitive Capacity Assessment: The Fundamental Element of Neurological Disability Guidelines in India. *Neurology India* 69, no. 3 (2021): 703. *Neurol India* [serial online] 2021 [cited 2021 Aug 4];69:703-6. Available from: <https://www.neurologyindia.com/text.asp?2021/69/3/703/319214>

DISABILITY



Clinical Neuropsychology Representation/Member: Advisory Board of the Society for Disability and Rehabilitation Studies.
Neuropsychological Disability: A Hidden Epidemic of Neurological Conditions.

Participated in the 5th Roundtable Discussion on “Core Issues of Curriculum Development in Disability Studies or Higher Education in Indian Universities”

Bajpai S, Nehra A, Pandey R M, Sati H, Singh RK, Vishnu VY, Rajan R, Singh M, Srivastava A, Srivastava P, Tripathi M. Cognitive Capacity Assessment: The Fundamental Element of Neurological Disability Guidelines in India. *Neurology India* 69, no. 3 (2021): 703. *Neurol India* [serial online] 2021 [cited 2021 Aug 4];69:703-6. Available from: <https://www.neurologyindia.com/text.asp?2021/69/3/703/319214>