

Education

CLINICAL NEUROPSYCHOLOGY RESIDENCY

BARROW NEUROLOGICAL INSTITUTE

St. Joseph's Hospital and Medical Ctr., Phoenix, AZ

Resident: Dept. of Clinical Neuropsychology.

September 2007 to August 2008

Resident: Center for Transitional Neurorehabilitation.

September 2006 to August 2007

OVERSEAS TRAINING

OTTO-von-GUERICKE UNIVERSITY OF MAGDEBURG

Magdeburg, Germany

Cognitive Neuroscience Research Trainee

Neurology Clinic. *October 2002 to December 2003*

INTERNATIONAL NEUROSCIENCE INSTITUTE

Hannover, Germany

Clinical Neuropsychology Trainee

Dept. of Neurosurgery. *January 2004 to June 2005*

DOCTORATE

University of Michigan, Ann Arbor

Ph.D. in Clinical Psychology, Neuropsychology Emphasis

RELEVANT PUBLICATIONS

Talley, MC, et al. (Submitted). Perioperative psychological state in the quality of life of vestibular schwannoma patients.

Klonoff PS, Koberstein E, **Talley MC**, & Dawson LK. (2008, Spring). A family experiential model of recovery after brain injury. *Bulletin of the Menninger Clinic*, 72(2), 109-129.

Klonoff PS, **Talley MC**, et al. (2007, Oct) The relationship of cognitive retraining to neurological patients' work and school status. *Brain Injury*, 21(11), 1097-107.

Talley, MC, et al. (2002, October). A retrospective review of neuropathological correlates of substance abuse. *Archives of Clinical Neuropsychology* [Abstract].



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Moore Counseling Center, P.C.

Neuropsychology Clinic

Melanie C. Talley, Ph.D.



Assessment and/or Treatment for:

Dementia

Brain Injury

ADD/ADHD

Stroke-Related Cognitive Problems

Tel: 405-735-6333

What is Neuropsychology?

Clinical Neuropsychology is the practice of understanding how brain function relates to behavior. As different regions of the brain govern different behaviors, injury to a specific area can result in almost predictable behavioral deficits. For instance, individuals with damage to Broca's area in the left hemisphere often demonstrate impaired speech although they are still able to understand language. Neuropsychological assessment is done to infer underlying brain function.

Following a brain injury, **Neuropsychological Assessment** is a technique used to measure behaviors such as language, speech functions, and memory. A series of noninvasive paper and pencil (or, sometimes computerized) tests are given to determine performance in different cognitive domains including memory, concentration, language and abstract reasoning. Questionnaires are also administered to ask about any emotional changes you or your loved ones might have noticed since the injury.

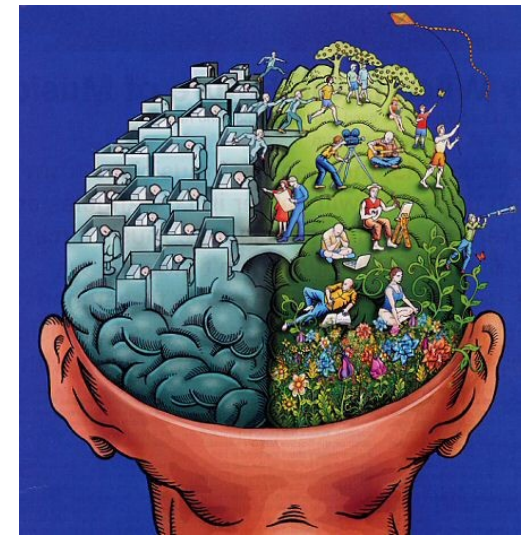
If you have had a HEAD INJURY or STROKE and suffer from the following:

Memory Difficulties
Problems Meeting Daily Responsibilities
Depression or Anxiety
Relationship Stressors

The following facts pertain to you:

- People who have had a brain injury, whether from an external force such as a car accident or an internal mechanism such as stroke or a tumor, often experiences changes in their daily functioning.
- Many individuals with traumatic brain injury (TBI) have no observable physical impairment (e.g., they are still able to walk), so difficulties with information processing and remembering things can be an unexpected post-injury symptom.
- Often people who have sustained a TBI are unaware of their own newly developed challenges, which can put stress on relationships at home or in the workplace.

- These cognitive (thinking) and emotional (feeling) changes are real, and there are ways they can be identified and addressed with treatment.



"Left Brain-Right Brain" taken from Google®Images (Under Creative Commons license)

As an example, the ability to remember story details can tell us about left hemisphere memory. Problems remembering pictorial information can inform us about right hemisphere damage.

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