Brooks, Elinor (2022) Exploring the clinical management of confabulation within neuropsychology services.https://theses.gla.ac.uk/83244/ Copyright and moral rights for this work are retained by the author A copy can be downloaded for personal non-commercial research or study, without prior permission or charge This work cannot be reproduced or quoted extensively from without first obtaining permission from the author The content must not be changed in any way or sold commercially in any format or medium without the formal permission of the author When referring to this work, full bibliographic details including the author, title, awarding institution and date of the thesis must be given Enlighten: Theses https://theses.gla.ac.uk/ research-enlighten@glasgow.ac.uk Exploring the clinical management of confabulation within neuropsychology services.Submitted in partial fulfilment of the requirements for the degree of Doctorate in Clinical Psychology Institute of Health and Wellbeing College of Medical, Veterinary and Life Sciences University of Glasgow October, 2022 (C) 2022, Elinor Brooks 1 Contents Chapter 1: A systematic review of interventions for confabulation in adults with acquired brain injury or dementia.....Elinor Brooks1 Prepared in accordance with the author requirements for The Clinical Neuropsychologist https://www.tandfonline.com/action/authorSubmission?show=instructions&jou rnalCode=ntcn20 Word count (including references): 8945 Keywords: Confabulation, Acquired Brain Injury, Dementia, Management, Interventions.Theories propose various underlying mechanisms including errors in executive aspects of memory processing, distinguishing source and context of memories and discrimination between imagined versus experienced events (Gilboa & Verfaellie, 2010; Nahum et al, 2012; Schnider, 2008).1 Mental Health and Wellbeing, Institute of Health and Wellbeing, University of Glasgow Email: 7 Objective Abstract This systematic review aimed to identify and synthesise studies describing psychosocial interventions used in the management of confabulation following brain injury and dementia.31 Table 6: assessment and outcome measures.....35 Chapter 2: Major Research Proposal Table 7: The number of participants indicating how often they undertake specific activities relevant to working with confabulation.....58 Table 8: The number of clinicians who have experience providing assessment, formulation and intervention of confabulation following ABI.14 Chapter 2: Major Research Proposal Figure 2: Frequency chart showing the number of participants by year of qualification.....58 Figure 3: Representation of overarching, superordinate and sub-themes from the thematic analysis of interview data.....64 5 Disclosure Statement The authors report there are no competing interests to declare.Strategies include behaviour management, psychoeducation, collaborative formulation, provision of systematic feedback, and use of diaries and checklists (Fish & Forrester, 2018; Fotopoulou, 2008; Schnider, 2008; Trivino et al., 2017). One published systematic review provided a summary of existing pharmacological, surgical and non-pharmacological interventions for confabulation and their effectiveness, which also appears to include psychosocial interventions (Francis et al., 9 20212).Method Five databases were searched for studies using a range of psychosocial interventions with adult participants experiencing confabulation in the context of ABI and dementia.This neuropsychological phenomenon can occur in people with psychosis

and acquired brain injury (ABI) and is often associated with difficulties in executive functions, insight and mood (Bajo et al., 2017).Interventions incorporated a range of cognitive, emotion-focussed, and behavioural components and targeted processes including raising insight, 'reality testing' and self-monitoring.The Standard Quality Assessment Criteria for Evaluating Primary Research Papers from a Variety of Fields (Kmet et al., 2004) was used to assess methodological quality.Conclusions Despite limitations of the evidence, general trends observed included similarities in treatment targets, despite variation in strategies used and involvement of family members in neurorehabilitation.Another approach to classifying confabulations identifies four subtypes: provoked, momentary, behaviourally-spontaneous and fantastic (Nahum et al., 2012).Elinor Brooks, BSc (Hons) Psychology and Neuroscience, MSc Applied Neuropsychology.A special thanks to my colleagues in NHS Ayrshire and Arran, Dr Ken MacMahon, Dr Luke Williams, Dr Nikki Paterson and Dr Kim Robertson, for the continued support you have given throughout my training and in particular during my final year.Individuals may act upon confabulations, resulting in the production of statements and actions incongruent with current reality (Dalla Barba et al., 2020; Schnider, 2001).Although there are currently no agreed diagnostic criteria, these categories are based on empirical evidence and may serve as an appropriate classification method (Bajo et al., 2017).Other reported confabulation types include momentary and delusional (Dayus & Van Den Broek, 2000; Trivino et al., 2017).Most studies had poor-moderate methodological quality and there was inconsistency in the level of detail with which intervention and measurement procedures were reported.8 Introduction Confabulation can be described as the unintentional production of false or erroneous memories (Bajo et al., 2017).The few longitudinal studies that exist have shown confabulation can improve or even resolve over time (Bajo et al., 2017).These aimed to address a variety of cognitive, emotional, behavioural and systemic treatment target mechanisms and intended outcomes.41 2 Chapter 2: Exploring the clinical management of confabulation within neuropsychology services.....46 Plain language summary.....47 Abstract .....59 Table 9: Frequency (n) of clinician opinions relating to the reliability of current management approaches.They are often autobiographical, and recollection may be entirely or partially erroneous (Burgess, 1996; Kopelman, 2010).Provoked confabulations may occur in response to questioning, whereas spontaneous confabulations occur freely.55 Ethics, Governance and Data Protection.....55 Analysis .....56 Research team characteristics and reflexivity.....57 Results .....78 3 Tables Chapter 1: Systematic Review Table 1: the SPICE framework operationalising the scope of the search.16 Table 3: methodological quality scores using the QualSyst including the summary score (summary score: total sum/total possible sum).60 Table 10: Frequency (n) of clinician opinions relating to the variety of current management tools.6 Chapter 1: A systematic review of interventions for confabulation in adults with acquired brain injury or dementia.Future research could build upon current

literature by conducting robust investigations using single case experimental designs.D Clin Psy thesis.50 Aims.....52
Research questions.....52 Method
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