quantified. Performance on the vmSRT was significantly correlated with the Performance Intelligence Quotient (PIQ). Therefore, partial correlations controlling for PIQ were computed to measure the relationship between vmSRT performance and pyramidal cell density. Statistically significant correlations were found between the index of visual learning (vmSRT Consistent Long Term Retrieval) and the pyramidal cell densities of Ca2 ($r = .61; p < .05$), Ca3 ($r = .81; p < .01$), and the granule cell layer ($r = .53; p < .05$). These data suggest that visual memory is mediated by the left hemisphere of these patients, whose right hemisphere speech dominance is believed to be the result of an early cerebral illness or injury.


Psychiatric Treatment Outcome Following Traumatic Brain Injury.

We examined the relationship between history of traumatic brain injury (TBI) and psychiatric treatment outcome. Subjects were patients on an inpatient psychiatric unit. Twenty-four subjects reported a history of TBI using a self-report head injury questionnaire (TBI = 11 female, 13 male, mean age = 35). Fifteen control subjects reported no history of TBI (CON = 14 female, 2 male, mean age = 32). Subjects in both groups had estimated IQ's in the average range. Most TBI subjects reported both being knocked unconscious and dazed, multiple injuries were common, and injuries were typically of mild severity. Treatment outcome was measured using the Brief Symptom Inventory, which was administered on admission and discharge. Length of treatment ranged from approximately 1 to 5 weeks. TBI subjects reported a higher level of psychiatric symptom severity across most symptoms measured, main effect: $F(1,38) = 5.38, p = .026$. However, no group differences in depression were found on admission. Overall, subjects in both groups showed a decrease of symptoms on discharge, main effect: $F(1,38) = 14.41, p = .001$. However, the TBI group showed less improvement than the control group on the depression index, group × time: $F(1,38), p = .035$. The TBI group had mean depression index T-scores of 73 (admission) and 71 (discharge) as compared to a non-psychiatric population. The control group had a mean depression indexes of 70 (admission) and 62 (discharge). These results demonstrate a relationship between decreased efficacy of psychiatric treatment for depression and a history of traumatic brain injury.

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A Structural Equation Analysis of the Wide Range Assessment of Memory and Learning in a Clinical Sample.

A maximum likelihood confirmatory factor analysis was performed by applying LISREL VII to the Wide Range Assessment of Memory and Learning in a clinical sample ($N = 271$) of 5–17-year-olds who had been referred for cognitive evaluations. Analyses were designed to determine which of nine hypothesized oblique factor solutions could best explain memory as measured by the WRAML. Competing latent variable models were identified in previous studies and monographs on memory. Findings supported a modified three-factor model, including Verbal Memory, Visual Memory, and Attention/Concentration factors. Our results are consistent with previous characterizations of attention as an important component of memory as measured by the WRAML. A distinct Learning Index was not empirically supported in the current analysis, and an alternative scoring method is presented.

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The Neuropsychological Test Results in a Case of REM Sleep Behavior Disorder.

REM Sleep Behavior Disorder (RSBD) is a parasomnia, and in this syndrome the normal atonia associated with sleep is lost and as a result the individual may become aroused or