Collaborative Therapeutic Neuropsychological Assessment

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• “The presentation of brain facts about specific damages is meaningless to patients unless they can begin to understand how the changes in their brains are lived out in everyday experiences and situations” (Varella, 1991 as stated in McInerney and Walker, 2002)
The Role of Neuropsychological Assessment: Historical Perspective

Period of Neuropsychological Localization

Period of Neurocognitive Evaluation

Current Period??

What is “feedback” and where does it fit?

• Feedback is something neuropsychologists are doing;
• At least 71% surveyed give some type of feedback, about 46% do so in a typical 50 – 60 minute session.
• That means there’s probably a lot happening in those sessions!! 😊
What is happening in those sessions?

The role of the neuropsychologist.

What can/do we bring to the table to make the feedback sessions meaningful?

Neuropsychologists are challenged to expand their roles from a purely technical endeavor to a more holistic perspective.

Cognitive theorist, functional anatomist
Neuropsychologists are challenged to expand their roles from a purely technical endeavor to a more holistic perspective.

Cognitive theorist, functional anatomist, psychotherapist, family therapist, emotional adjustment, viewing the person from a holistic perspective.

• “the object of observation is to ascertain a network of important relations. When done properly, observation accomplishes the classical aim of preserving the manifold richness of the subject,” (Luria’s The Making of Mind as quoted in Christensen, Goldberg, and Bougakov, 2009).

• “…the investigation has to be carried out in a phenomenological collaboration between the neuropsychologist and the patient.” (Christensen and Prigatano, 2009).
• Psychological testing as a therapeutic intervention
  – Roots in existential/humanistic disciplines as a reaction to “dehumanizing” testing endeavor.
  – Testing as a psychotherapeutic encounter
  – Dr. Constance Fischer’s Collaborative Individualized Assessment
  – Dr. Stephen Finn’s Therapeutic Assessment

• The Information Gathering / Medical Model
  – Clinician knows best;
  – Fragile patients;
  – Knowledge is dangerous

• Collaborative Model
  – Clinician is an expert in neuropsychology; the patient/family is the expert on themselves
  – Patients are resilient
  – Knowledge is power
Neuropsychological Test Feedback

- Historically seen as optional
- Little consideration in the literature
- Gass and Brown (1992) likely the first to write about feedback and offer a method in neuropsychology.

1. Review purpose of testing using plain, simple language;
2. Describe tests as “behavior samples”;
3. Explain results in terms of domains of functioning/behavior;
4. Summarize strengths and weaknesses;
5. Address diagnostic issues;
6. Make recommendations.

(Gass and Brown, 1992)
Many good ideas but no clear methodology/framework.

Set of guiding principles;

A framework for executing those principles;

An understanding of where the intervention fits in the larger treatment/rehabilitation process.

A common set of principles

Testing is a collaborative endeavor with examiner and patient working together;

An open dialogue regarding procedures and results where patient is active participant in developing a psychological profile;

Deviation from standard procedures to elucidate aspects not captured by standardization procedures;

Open sharing of results.
• Feedback as a bridge between assessment and intervention (rehabilitation).

• Follows person centered rehabilitation principles:
  – Collaborative goal setting focused on outcomes;
  – Patient, family, therapist work together to negotiate LT goals;
  – Emphasis therapeutic alliance;
  – Begin with the end in mind;
  – Goals are positive outcomes valued by patient;
Feedback in Holistic Rehabilitation

<table>
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<tr>
<th>1. Identify/understand causes for their inability to function adequately following an event (TBI, stroke, etc.).</th>
<th>1. Bringing information together to create a picture and then present that picture to the patient/family members to enhance understanding.</th>
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<td>2. Neurological, cognitive, and personality factors interact and influence each other.</td>
<td>2. Through feedback we attempt to integrate these factors into a “portrait” of the patient. This includes the patients’ own perceptions of this triad.</td>
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<td>3. Evaluate which issues can be ameliorated vs. left alone.</td>
<td>3. Prioritizing that which is most important to the patient, significant others, treating providers.</td>
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<td>4. Assessing which interventions are most suitable.</td>
<td>4. Using interactive feedback to make recommendations most applicable to the patient.</td>
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Holistic Neuropsychological Principles

- Empower patients and families to take an active role in the treatment process;
- Believe people with neurological disabilities are more like people without neurological disabilities (i.e. Go beyond the brain);
- Convey honesty and caring in personal interactions to form a foundation for a strong therapeutic relationship;
- Develop practical plans for rehabilitation; explain rehabilitation techniques in understandable language;

Help patients and families understand neurobehavioral sequelae of brain injury and recovery;
- Recognize change is inevitable and help families cope with change;
- Every patient is important, treat with respect;
- Remember that patients and families have different perspectives regarding treatment approaches;
- Be willing to refer if appropriate.

(From Yehuda Ben-Yishay, Ph.D. and Leonard Diller, Ph.D., James F. Malec, Ph.D., ABPP-Cn, Rp.)
CTNA: What is it?

- A method for giving feedback from neuropsychological test results that is based on client-centered principles (Gorske & Smith, 2009);
- Roots in Dr. Stephen Finn’s Therapeutic Assessment and Dr. Connie Fischer’s Individualized Assessment;
- Framework based on Motivational Interviewing Principles for giving information, advice, and feedback.

How did CTNA come about?

- Gorske’s anecdotal observations with mentally ill substance abusers;
- Steven Smith’s experiences conducting neuropsychological assessments and feedback with adolescents and their families;
- Feedback and guidance from mentors and colleagues;
- Formal studies: NIDA - DA017273-01, Smith’s NAN grant award;
- Book publication in 2009.
CTNA Basic Principles and Methods

• Initial Interview: Collaborative information gathering.
  – Understanding the problem,
  – Emotional experience of the problem,
  – Pt wishes for the assessment, results, outcomes.
  – Central Cognitive-Emotional Complaint
    • Pt wish or desire for themselves and their lives;
    • Behavioral/cognitive reaction;
    • Emotional response to difficulty.

• Testing Session (Standard Protocols);

CTNA Feedback Session
1. Set agenda, introduce feedback report;
2. Develop Life Implication Questions;
3. Determine Personal Skill Profile;
4. Provide individual test results (elicit – provide – elicit);
5. Summarization and bridge to future goals and plans.
• Set Agenda/Introduce Feedback Report
• Check in/Life Implication Questions
  – What does the patient want to know/referral question;
  – How do they hope to use this information;
  – Be flexible.

• Determine personal skill profile
  – Understanding norm based scores;
  – Conversation about “normality”;
• Providing information
  – Elicit – provide – elicit
  – It’s less important to follow the method than it is to a) constantly gauge patient reactions and understanding and b) be able to apply the test skill to daily life.
• Summarize – bridge to the future
  – Partly depends on what the patient wants and their own goals;
  – Specific rehabilitation strategies;
  – Motivating to work in rehabilitation/medicine/treatment;
  – Lifestyle changes;
  – Openness to education;
  – Changing perception of the future

• Essential Interpersonal Skills

  • The clinician is continually striving to:
    – Maintain a collaborative stance, even in the face of discrepant or challenging information;
    – Using essential client centered-directive interpersonal skills based on Motivational Interviewing:
      • Expressing empathy;
      • Using OARS (open ended questions; affirmations reflections; summaries);
      • Rolling with resistance;
      • Striving to dance instead of wrestle with your patient(s).
Lessons from the Clinic

• Have a plan but be flexible;
• Have a construct for your interpretation but be prepared to abandon it;
• Be ready for anything;
• Being person centered does not mean you don’t present reality;
• Be prepared to go in an entirely different direction;
• Don’t be afraid to be a therapist **within reasonable limits**;
• Don’t rigidly follow the CTNA feedback process;
• Don’t be afraid to say, “I don’t know.”
Contemporary Developments in Neuropsychological Test Feedback

- Feedback in cases of over-reporting and normal cognitive profile (Carone, 2016).
- Feedback as a key part of the assessment process with therapeutic benefits for patients and family members receiving epilepsy care (Wilson, et al., 2015).
- Feedback in cases of poor effort (Carone, Iverson, and Bush, 2010).
- “Feedback that Sticks: The Art of Effectively Communicating Neuropsychological Assessment Results” (Postal & Armstrong, 2013).
- Feedback to older adults (Pachana, Squelch, and Paton, 2010).
- Motivational Interviewing in Neuropsychology in the rehabilitation process (Suarez, 2010).
- Role of CTNA approaches in situations where intervention is required for patients with deteriorating decision making processes (Lucas, 2010).

Outcome Studies

- Tharinger and Pilgrim (2012) investigated the effects of receiving neuropsychological assessment findings in the form of therapeutic “fables” on clinical outcomes with children and their families.
- Longley, Tate, and Brown (2012) investigated the psychological benefit of neuropsychological test feedback to patients with multiple sclerosis while looking at the type of patients who benefitted most from feedback.
Why do we need CTNA?

- Create a model/standard for the field;
- Enhance patient satisfaction;
- Enhance referral source satisfaction;
- Enhance the role of neuropsychology in treatment/rehabilitation process (ie. We don’t just look at a bunch of numbers).

What sets us apart?

Feedback Process

- Data
- Teaching
What sets us apart?

Feedback Process

- Data
- Teaching
- Psychometrics
- Personality
- Brain-Behavior
- Relationships
- Family Issues
- Psychotherapy Process
- Medical Knowledge
- Bio-Psycho-Social

Future Research: Some friendly suggestions

- Ask, what treatment, by whom, is most effective for this individual with that specific problem, and under which set of circumstances?" (Paul, 1967).
  - Patients with a reasonable degree of insight or a family member who can benefit from the information.
  - Education/Re-Education about the neurological recovery process (ie. the patient/family member who feels that recovery is “finished”).
  - When there is a strong emotional component to a patients’ clinical presentation.
- Balancing standard versus individualized goals/treatment outcomes.
- More qualitative studies.
Case Samples

- Brain Injury
- The Case of Amy Part 2

Selected References


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