24| Professional Development: Leadership, Training, and Supervision – With Dr. Neil Pliskin

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NAVIGATING
NEUROPSYCHOLOGY

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Speakers: Neil Pliskin, Ryan Van Patten, John Bellone

Intro Music 00:00

Ryan Van Patten 00:17

Welcome, everyone, to Navigating Neuropsychology: A voyage into the depths of the brain and behavior. I'm Ryan Van Patten...

John Bellone 00:24

..and I'm John Bellone. We have a different kind of episode for you today. We talked with Dr. Neil Pliskin back in November of 2018 and had released our interview with him on the cognitive and emotional effects of electrical injury on December 1st. After we recorded that episode, we asked Neil some questions about his leadership experience, advocacy work, and his role as a supervisor and a program director. We think that these are incredibly important topics for trainees and professionals to think about. So, we made this a standalone episode that we're going to bring you today. We'll play you the audio that we recorded with Neil, and then Ryan and I will come on afterward to provide some of our own commentary and discussion about some of the things we talked about. Here is the first part of our recording with Neil.

Intro Music 01:16

John Bellone 01:26

You've held a number of leadership positions in our field. I'm curious what advice you'd have for trainees and early career professionals, like Ryan and me, who aspire to have more of a lasting positive impact on our field? How might we go about rising to a leadership position? And then how can we be effective in those positions?

Neil Pliskin 01:46

Okay. So, here's what I would say: If you really want to become involved, the way to become involved is to start by picking a committee - but, of course, you're joining organizations and, with neuropsychology, we have a few - picking a committee that does the kind of work that you're interested in, and getting on that committee. I've been president of [APA's] Division 40, and you'd be amazed how easy it is to get on some of these committees. If you write to the president of the organization or the head of the committee that you're interested in, you'll get a positive response for sure. To me, the easy part is finding a committee within an organization that you're interested in, and I can give you tons of examples of those.

The key to really becoming involved and successful - it's not a revelation - it's you have to be willing to do the work. To me, leadership in these committees has always been - the leader has been the one that's done all the stinking work. I mean, It's just a fact. When I was vice chair of the Policy and Planning Committee of National Academy of Neuropsychology, that was my very first thing. George Prigatano was the president at the time, somebody gave him my name, I was

interested, and I got on board. It was a great committee. It did great work, and I was blessed to work with a leader in our field, Jeff Barth. But, let me tell you something, it was a lot of work. And then what happens is that people go, "Hey, you know what, that committee, they got stuff done! Hey, you know what, that leadership team there really seems to be... Let's give them more work. Let's see what else they can do for us." So, what I would say is starting on committees is a big part, but be ready to work. The work involves actually getting on the committee and doing something. If you do that, people find out who you are. Like anything else, if you do work and you do it successfully, they end up just giving you more work and more opportunities.

Ryan Van Patten 04:04
[laughs]

John Bellone 04:04
We're well aware of that [laughs].

Neil Pliskin 04:08
[laughs]

John Bellone 04:09

You mentioned that you were president of the Society for Clinical Neuropsychology and I'm curious about your time in that role. Can you describe what your specific duties were during your tenure there and your goals that you had for Division 40?

Neil Pliskin 04:26

I am so proud of that because I had never run for any professional office, ever. It was just in a weak moment when they said, "If you don't accept our offer now to run for this, we'll start asking your students."

Ryan Van Patten 04:41
[laughs]

Neil Pliskin 04:43

So, I was very honored that my colleagues would vote me in as president. I had a great year; I really enjoyed it. In part because of the other role that I play in advocacy. I am the American Psychological Association's (APA) Representative to the American Medical Association (AMA). The AMA is the group that makes the CPT coding process. Even though I signed confidentiality agreements and I can't

talk about what takes place there, I also happen to know, or have an idea of, what trends in healthcare are coming down the pike. So when I became president of Division 40, I already knew that there were going to be new integrated care codes. I already knew that there was going to be a need for more outcome data to demonstrate the worthiness of our field. When I became president of Division 40, I had colleagues on the executive committee that took on the role of examining where neuropsychologists stood in the world of integrated care. I don't want to single out too many people because I leave somebody out, but the first author was Cynthia Kubu. This article was in the Clinical Neuropsychologist and it was called "The Times They Are a Changin': The Role of Neuropsychology and Integrated Care"* Part of the work that year was identifying who was doing integrated care and working within the larger APA organization to strengthen the initiatives for psychologists who want to get more involved in integrated care and how to do that.

Another thing that happened that year was that the Professional Practice Survey was commissioned and published again. When you gentlemen and others are out looking for your first job and how to negotiate it, nothing's been more valuable than having that professional practices survey.

The third thing, the third initiative - they're all really interconnected - was an initiative called the Neuropsychology Outcome and Satisfaction Initiative (NOSI). That came from an experience that I had when I was sitting in at an American Academy of Clinical Neuropsychology (AACN) meeting. They were meeting with a regional medical director for Blue Cross Blue Shield. I'll never forget this. We said this was our idea of advocacy at the time. So this regional medical director was sitting in the room and we, a large group of neuropsychologists, were going on and on and on about how important our work is, how much our patients value what we do, and how much our colleagues and referral sources depend on us. She listened very quietly and thoughtfully. When we were done, she said, "Okay, that's fine. I understand that. Now, show me the data."

*[Transcriber's note: The correct article title is "The Times They Are a Changin': Neuropsychology and Integrated Care Teams"]

Ryan Van Patten 07:55
I knew you were gonna say that [laughs].

John Bellone 07:56
Or the money [laughs].

Ryan Van Patten 07:58
[laughs]

Neil Pliskin 07:58
That's when we all went, "Well, you know, we're the profession that tells people that want to drive that they can't drive. We're the profession that tells people that don't want to go back to work that they have to go back to work. It's more complicated than that and we can't just ask people if they're satisfied because, after all, some of our patients have dementia. What can they really tell us?" Again, this medical director, she sat and she listened and then she goes, "Okay, fine. Then show me data of what impact neuropsychological service has on the caregiver." That really got me thinking. Yeah, we need outcome data. Because in the new world that we're living in, the insurance company says to the academic medical center, "I'm going to give you X amount of dollars per month and you use that money any way you want to take care of our group of patients. But, at the end of the year, our patients better be healthier and they better be more satisfied with what you're providing them." Well, in this new world, somebody comes in and they complain of failing memory. They may think, "Should I spend $1,500 on a neuropsychological evaluation, wait three weeks to get it back, and get a 10-page report that nobody reads except for that last page?" Or, "Should I spend $16 per unit of my computerized neuropsychological test? I'll have an advanced practice nurse review the findings, and if there's a problem, then maybe I'll consult the neuropsychologist." In this new healthcare world, if you can't prove your value, whether that's economic value or quality of life value, you are going to be left behind.

Of course, I'm telling you these things now and you already know them, because everybody knows them. But four years ago, not everybody knew that. Four years ago, when I was president, was when we started doing our outcome satisfaction initiative. What we did was we recruited a bunch of medical centers across the country to give a specific, very brief outcome-based measure, either online or in paper form, asking patients just to say if they were satisfied with and did they benefit from the neuropsychological evaluation. Really basic stuff. Like after the evaluation, did you understand how cognitive symptoms related to your diagnosis? Did it affect your ability to cope with your symptoms? Do you understand what to expect in the next 6 to 12 months? Do you have a treatment plan in place? These are really basic questions, but really important questions. So you'll have to go on to the Division 40 (SCN 40) website to see the results of that. Now there are outcome and satisfaction data that can be trusted and used for those negotiations. When you're talking to your administrator and you're telling your administrator, "Here's why you're going to want to get a neuropsychological evaluation rather than your

$16 seven minute screener for Alzheimer's disease." Because we're going to identify those patients who have dementia earlier and who, as an example, needs treatment. We're also going to identify those patients who don't have dementia and who you don't want unnecessarily to get treatment. In the same vein, this is why things like the American Academy of Clinical Neuropsychology Foundation is funding studies looking at outcome and efficacy of neuropsychological services. I feel that during my presidential year, I was able to initiate and touch on some of these themes of integrated care, and the professional practice survey, and the importance of incorporating outcome research into our work. Those were themes that really were part of my year.

The other thing, unfortunately, that totally influenced my year was the scandal about the American Psychological Association being involved in facilitating torture. And, you know, that was an unexpected wrinkle that I did not count on that used up a lot of my bandwidth during my leadership year. But, my only complaint is that it was only one year [laughs]. I wanted to be president for life.

John Bellone 13:21
A very productive year.

Neil Pliskin 13:24
Yeah, I like to think so.

Transition Music 13:26

Ryan Van Patten 13:31

Wow, that's definitely a lot to unpack there. Why don't we start with a few of his comments about leadership positions in neuropsychology. John, do you have any thoughts off the top?

John Bellone 13:41

I really liked what Neil said about reaching out to the director or president of the organization or committee that you might be interested in joining. I think that's a very low risk step that interested students or early professionals can take. There is an excellent chance that the committee or organization needs your help. There's always a big need for more volunteers. I think working in these organizations is not only a great way to contribute to or to advocate for something that you're

passionate about, but it's also a great way to meet other neuropsychologists. Everyone talks about how important networking is, and I think it's really true. I know that's the case firsthand. I got the job that I'm currently at because I knew someone who knew someone who knew the co-owner of the group practice that I'm part of now. I also think that volunteering at conferences is also potentially a really good first step, if you're not quite sure about whether you want to join a committee or not. I try to volunteer at the INS meeting every time that I go and I've met so many people just because of that. Plus the free CEs that they offer are pretty nice incentive [laughs]

Ryan Van Patten 14:56

Yeah, I know I've had that experience throughout my professional career thus far as well. I found that we can be strong advocates for ourselves by reaching out to people in order to inquire about jobs, practicum sites, internships, fellowships, and other professional positions. If you're truly interested in a position, but you don't know the person in charge and you're hesitating about whether or not to cold email them, definitely do it. Don't let nerves or uncertainty get in the way. There's very little to lose and a lot to gain from this. So put yourself out there.

John Bellone 15:30

And like Neil said, the more that you do put yourself out there, the more that people are going to notice that you're a hard worker, you're a kind and honest person, and that's going to open up all kinds of opportunities for you. It's much easier to get an internship or a postdoc or a job, if you have that network of people who are willing to go to bat for you because they know how talented and responsible you are. I think that helps tremendously.

Ryan Van Patten 15:56

And clearly, this works even if you're not a kind or honest person as John is a good example of [laughs].

John Bellone 16:02

You can still find something [laughs].

Ryan Van Patten 16:05

So, I'd like to add a few comments about this general notion of leadership and advocacy. These positions are not part of our traditional 9-5 job, right? I've never been the president of SCN, as Neil has, but I'm guessing that it doesn't come with a

huge salary and benefits package. People don't do this work because it adds to their bottom line. These extracurricular positions, so to speak, are for those who are interested in contributing to the field above and beyond what we do as part of our day jobs. These positions are a great way to network and build connections with people, and they help you cultivate a reputation within the field, like John had mentioned. More importantly, to me, this sort of work also has a really strong humanitarian undertone. The stronger that neuropsychology is, as a discipline, the more effective each and every practitioner will be in their own corner of the world. They will help more people, they'll maximize the benefits for every patient they see. So, regardless of your motivation, I feel that advocacy and leadership is an excellent way for us to contribute to our profession and I would encourage everyone listening to at least consider it for yourself. For those of you who are interested, it can be quite helpful to take a thoughtful, contemplative approach to selecting the correct position for yourself before you jump in. Consider your own strengths and your areas of growth. As psychologists, we have a lot to offer in these areas. Our training provides us with knowledge and skills that go well beyond the therapy or assessment room. You could consider applying to work on a committee, in a professional organization, or your university. You could also potentially volunteer at your local senior center. You could write a blog about neuropsychology or neuroscience. Or, you could even create a podcast!

John Bellone 17:58
No, let's not go that far Ryan [laughs].

Ryan Van Patten 18:02
[laughs]

John Bellone 18:02

Clearly, there's no room in the market for another neuropsychology podcast. I wouldn't want to encourage our listeners to start up a rival podcast only to find that we have a full monopoly. We will take you down [laughs].

Ryan Van Patten 18:15

[laughs] Okay, John, I know you're bristling a little bit, but I don't think we have to worry about our listeners trying to launch the next Facebook of neuropsychology podcasts and relegating NavNeuro into the graveyard of startups with Myspace and AOL [laughs].

John Bellone 18:31
I don't know about that.

Ryan Van Patten 18:33
Our listeners, you know, could create a podcast about something other than neuropsychology. People do have hobbies, you know.

John Bellone 18:39
Sure. Must be nice for those people.

Ryan Van Patten 18:43
[laughs]

John Bellone 18:43
I definitely agree that there are so many possibilities for leadership and advocacy like you laid out. Even if it's just giving a lecture about brain health in your community. You can get involved in local governments or join your state's psychological society. Neil mentioned how he initiated a push for more outcome data in neuropsych as well. Some might not think of this as advocacy work, but doing the hard research that can help demonstrate the benefits of neuropsychology to patients, to hospitals, families, to communities - I think that could potentially make the most impact on the future of the field and actually be the best kind of advocacy in the long run.

Maybe we should, Ryan, talk a little bit more about the Neuropsychology Outcome Satisfaction Initiative, or the NOSI, that Neil had referenced. Neil had actually pioneered that program, that initiative as the president of the Society for Clinical Neuropsychology, Division 40 of the APA. NOSI was, just briefly, it was a multi-site outcome survey of 30 patients who had completed neuropsych evals, as well as 22 caregivers for some of those patients. The idea was to gather data about the usefulness of neuropsych assessment in people's lives - how it benefited them. We want to be able to empirically demonstrate that our work has utility out there in the world with our patients. And, you know, this may seem obvious, but we can't just assume that it does. Especially in today's healthcare marketplace, with medical directors asking for the hard data like Neil had been asked. We need data to provide evidence that we add more than can be obtained from just a computerized battery or a brief screening instrument, like MMSE or the MoCA, which can be interpreted by non-neuropsychologists.

Ryan Van Patten 20:44

Yeah, and I would just add that I'm very interested in these data myself, even setting aside the fact that it's helpful in improving our worth to the hospitals, insurance companies, and other governing bodies. Just because I find neuropsychology to be interesting and engaging and I believe that I'm helping someone by testing their thinking and memory, doesn't necessarily mean that it's true. I am inherently biased because this is my livelihood. As scientist-practitioners and clinical researchers that we are, I think that we should hold the truth in the highest regard. With this in mind, I think it would be really beneficial to our field for neuropsychologists to approach this issue in a curious manner, demonstrating eagerness and investigating the limits and boundaries of the practice of neuropsychology. I feel strongly that we have to accept that risk and press forward. It's really imperative. Ultimately, what this line of inquiry will do is set the boundaries on where neuropsychology is and is not helpful. For example, I doubt that many people would argue with me when I say that a single neuropsychological evaluation will not be a healthcare panacea that diagnoses and cures all of a patient's ailments. So, of course, there'll be some upper limit to our utility. But I also think that we will find many ways in which we do truly help people from diagnosing degenerative illnesses early and helping families cope, to enhancing rehabilitation efforts and people with brain injuries, to maximizing academic and social functioning of children with cancer - just as a couple of examples. But, stepping back overall, I think that this is an incredibly important part of our jobs whether insurance companies want it or not. So I'm thrilled to hear about initiatives such as NOSI that are generating these data. And, of course, clearly with the smallish sample sizes that John mentioned, there's plenty of room for further initiatives to piggyback off of NOSI. John, why don't you give us some more details about NOSI?

John Bellone 22:53

Sure, as long as you're off your soapbox.

Ryan Van Patten 22:56

[laughs]

John Bellone 22:56

I can do that.

Ryan Van Patten 22:57

I am now off my soapbox, but don't worry. I have plenty more soapbox topics that I'd be happy to share [laughs].

John Bellone 23:02

Sure you do [laughs]. Let's talk a little bit more about NOSI. Again, this the Neuropsychology Outcome Satisfaction Initiative. The participants in NOSI - those patients and their families - they completed the short survey with questions about how the evaluation impacted their understanding of the patient's cognitive symptoms. How the symptoms related to the diagnosis, how to manage and cope with the symptoms, the overall level of satisfaction with the services they received among several other questions. Overall, they found that people are quite satisfied with the evaluation. And as a result of the evaluation, patients reported a significant improvement in their understanding of how their cognitive symptoms related to the diagnosis. They expressed an improvement in their understanding of what to expect in the next 6 to 12 months, as well as better ability to cope with their symptoms. And caregivers of those patients reported a significant improvement in their ability to cope with the patient's symptoms. They also felt like they had a good treatment plan for managing the patient's symptoms going forward. Both patients and caregivers agreed that the evaluation was useful for developing strategies, for accomplishing tasks and working around the patient's cognitive difficulties. And that the evaluation was useful for identifying strategies to reduce their stress - both the patients and caregivers - and, because of that, they were better able to make long-term plans.

Ryan Van Patten 24:38

Yeah, those data are very powerful and can be useful for us as neuropsychologists, certainly. I'll just add really briefly to that. There's a 2006 paper by Richard Temple and colleagues, and they reported on a survey of 517 physicians who refer for neuropsychological services. The results suggested that, by and large, these physicians were satisfied with neuropsychological services. Specifically, this included satisfaction with things such as the referral question being answered, agreement on the diagnostic impression, agreement with recommendations, as well as an interest in continuing to refer patients to neuropsych in the future.

John Bellone 25:21

Yeah, I think, overall, all these data really support the usefulness of neuropsychology. We think that they can be really helpful for us and are just a starting point for us to continue the demonstration of our usefulness as a field. If someone asks you how you know that neuropsych is useful, NOSI and the Temple

et al. study, these are great places to start. There are several other studies as well that we just don't have the time to get into right now. But there are many places that you could look at.

So now we'll get back to the interview with Neil, the last part of it to get his advice about supervision and training.

Ryan Van Patten 26:00
Switching gears a little bit, can you talk a little bit about what it's been like to be the director of a neuropsychology training program. So, some of the challenges and what you've enjoyed the most in that role?

Neil Pliskin 26:10
Oh, I love training students. To me, that's not an afterthought. That's a huge part of what I do and I've been very blessed to be in an institution where the leadership really supports and encourages education and training. You can't always say that because in the last institution that I worked in, my leadership said to me, "You want to have interns? That's great. We would love for you to have interns. You pay for them." And, so, in my current situation, I'm able to devote time - some of my professional time - to our training program, and I recognize that not everybody has that luxury or is in that position.

Of course, the biggest struggle that I've had in working with students in the last few years has been the restrictions that have been placed on what kinds of cases students can see. I mean, when a medical student or a first-year or second-year psychiatry resident gets in the room with a patient, a lot of times, in my experiences, they're novices. They haven't been in the room with patients very much. They're learning. By the time you get to the psychology internship and fellowship, you're talking about people who have already had - and I'm preaching to the choir - five years plus of supervised clinical experience. Yet in the eyes of the federal government, they're just trainees and students. And, so, therefore, the federal government does not pay for work provided by trainees, even though their perspective is that they've already given the medical center money to support the work of trainees. But, unfortunately, in most institutions, like ours, we don't get that money, but we're still subject to the same rules. So, therefore, what I see are trainees who can't see Medicare patients. Who are going to have a hard time knowing how to take care of older adults because of the restrictions that have been placed on them. I would say that's been one of the bigger challenges.

What do I enjoy the most? I totally enjoy taking a student at the level that they're at and helping them to progress to the next level. You stick around long enough and you see some tangible results from your work in your trainees getting good jobs, and creating their own clinics and training programs with students. And that's a very gratifying thing.

Ryan Van Patten 28:50

Yeah, for sure. Neil, can you talk for a few minutes about the Houston Conference Guidelines? Of course, these have been around for a while now and have done a lot for our field. We're all thankful to have a more standardized training model in neuropsychology. Can you talk about any areas where you could see improvements in those guidelines?

Neil Pliskin 29:13

I'm proud to say that I was one of the delegates at the Houston Conference. So I know it pretty well. I think it's a great document and I think it's a great blueprint. To me, I don't see many areas that need to be improved. Maybe more emphasis on consultation and integrated care, but I think some of the competencies that are being established in the field now address those things. I don't have too much to say about the Houston Conference. I know some people like to rock the boat with that, but to me, it has stood up to the test of time. It really presents multiple pathways by which people can become trained as neuropsychologists. I totally support it.

John Bellone 29:58

We started talking about supervision. We have several more specific questions about what good supervision looks like and what you've found to be the most helpful. So, when trainees are first learning about how to conduct a competent neuropsych eval, what should they focus on? Do you have a preferred model? Or, does this differ significantly from person to person? How do you approach a new trainee?

Neil Pliskin 30:23

Well, I think that where you end up starting is in the technical aspects of assessment and knowledge of the strengths and weaknesses of the tests themselves. To me, everything flows from that. What I try to do is, I try to emphasize early on in treatment the importance of good standardized data collection. Students are very anxious to learn how to interpret the tests and they don't necessarily spend as much time and emphasis on proper scoring and proper

test administration. To me, the neuropsychological interpretation and integration will only be as good as the data that it's based on. So to me, I always start with how critically important it is to be a good evaluator, to not cut corners, to stick with the standardized approach, and to also appreciate the strengths and weaknesses of each of your tests. Know the tests. Know how to administer and score them properly. Understand what the limits are and what the strengths are for each test. To me, that's the foundational building block for which everything else flows out of. If you're sloppy in your technical administration skills, you're not going to be a good neuropsychologist. If you're sloppy and you think, "Let me just try to help the patient. I think I know what they would have said. I'll give them an extra cue. I'll do this, I'll do that." There's a time and a place for that, but not when you're learning this stuff. So I'm a total stickler when it comes to learning the technical aspects and everything you need to know about the test themselves.

Then the other part of it is the pace of learning does differ from person to person. For some people, you linger a lot more on the test administration aspects. For other people, you spend more time working with them on the nuances of test interpretation. For other people, it's understanding the science of human neuropsychology. In all cases, it's about how to go to the scientific literature and become educated.

The other part that I do is I offer what I call real-time supervision. My approach supervision is real-time. In my clinic, we meet beforehand, we discuss the case, and we discuss what tests we're going to use. This is in our training program. Then, we interview the patient together. And, while the patient is filling out questionnaires, I'm spending time processing what took place in the neurobehavioral status exam, in the clinical interview, with the trainee. Saying, "Okay, now that we know, for example, that English is the patient's second language, how are we going to alter the test battery? How are we going to approach this?" And then, if the training is doing the testing, then maybe an hour into it, I'll meet with them again and we'll say, "Well, wait a second here. This person seems barely literate. Because of this, let's make the adjustment and do that." So that by the time the end of the day rolls around, I've already met with the trainee, you know, in short drive-bys, a few times. So when we sit down and do our formal supervision - after the case has been scored, after the scoring has been double checked for accuracy - then when I sit down with the trainee to talk about interpretation, it's not the first time that I've seen the case. It's not the first time that we've talked about the case. So, it's that real-time, in-the-moment supervision and that's really what marks our work. We're not just about “give this test and get this score”. It's not blood work that we're doing. You can't just look at it and say, "Thyroid function is low. Therefore, give this drug."

No. It's an active process where you're integrating real-time information. I don't see that you can do that effectively by telling the trainee at the beginning of the day, "Okay, here's the long list of tests that I want you to give and when the day is over, come back and see me." To me, that's not the kind of training that I'm comfortable doing. I'm much more comfortable with being a part of the process simultaneously. Then, over time, the student or the trainee takes a more active role in the decision making. Early on, it's, “Okay, well, I see this. So let's do that”. As the year progresses - and, again, this depends on the individual. Some people who come in with lots of experience, we skip right to this step. Other people who don't have as much experience, we're spending more time working on foundational things. So one size doesn't fit all. But, for me, the model is: good technical skills and real-time supervision to help with the clinical decision-making component of what we do - which tests to choose, when to choose it, how to modify the battery, and under what circumstances.

Ryan Van Patten 35:58

That's great. I think your trainees have clearly benefited from that model you've used. I agree with what you've said in terms of starting out with the nuts and bolts, and not letting those fall to the side. It's easy for early trainees to look ahead to the bigger picture stuff without getting the foundation down first. I also like the real-time supervision. I've had that myself sometimes and I find it really helpful.

John Bellone 36:26

I would also add that in getting the more technical side down and the more familiar you get with administering these tests, you're more able to focus on the relationship with the patient. So once you have that completely automatic, the administration, then you can really focus on those behavioral observations more and the rapport. But you need to get the fundamentals down before you can really be comfortable in that room with the patient, I feel.

Neil Pliskin 36:52

That's very well said and I totally agree.

John Bellone 36:54

Well, Neil, this has been, really, a great discussion. Thank you so much for coming on.

Neil Pliskin 36:59
You're very welcome. Thanks for having me.

Transition Music 37:01

John Bellone 37:06
Ryan, you asked Neil about the Houston Conference Guidelines and I thought it would be helpful to give our listeners a brief summary here because we moved right past the guidelines in the interview. This is a very important set of rules and standards that had a huge impact on our field today. For those of you who are not intimately familiar with them, this next part will probably be quite helpful. We will also include the full guidelines in the show notes in case people are interested and everyone should definitely be interested. Prior to the Houston Conference in 1997, there was no model for what training was necessary to make someone a neuropsychologist. The aim was to, and I'm quoting from the document, "...to advance an aspirational integrated model of specialty training in clinical neuropsychology." There were a diverse group of 37 clinical neuropsychologists, along with five delegates of the sponsoring organizations - they were: NAN, Division 40 of the APA, ABCN, AACN, and APPCN. They all met in Houston. And I realize this is starting to sound like a meeting of the mafia bosses or something...[laughs]

Ryan Van Patten 38:23
[laughs] Yeah, I can picture it now. They met in a smoke-filled room, drinking brandy and somehow, through all that, came out with this document that is now the "Holy Grail" of neuropsychology. [laughs]

John Bellone 38:35
I'll spare everyone my Godfather impression for the time being. [laughs] But, we'll just hit on the key points of the Houston Conference Guidelines for a second. So, they defined a clinical neuropsychologist as, "...a professional psychologist trained in the science of brain-behavior relationships. The clinical neuropsychologist specializes in the application of assessment and intervention principles based on the scientific study of human behavior across the lifespan as it relates to normal and abnormal functioning of the central nervous system." That's the definition that they gave to our profession.

Ryan Van Patten 38:38

Notice that the guidelines specify the application of both assessment and intervention principles. So neuropsychologists are not restricted to testing and differential diagnosis. We should really embrace treatment as well.

John Bellone 39:32

Yeah, I think that's a good observation. We've definitely tried to emphasize that on NavNeuro and we'll continue to bring intervention-based episodes. The guidelines also defined 7 core domains of professional activity that fall within the purview of a clinical neuropsychologist. And these are: assessment, intervention, consultation, supervision, research and inquiry, consumer protection, and professional development. The document goes on to state that specialization in clinical neuropsych begins at the doctoral level. It argues for the scientist-practitioner model and states that the foundations of brain-behavior relationship should begin during our graduate education. But, it also allows for variability across doctoral programs with respect to the level of depth of training in clinical neuropsych in graduate school, because there is quite a bit of variability here. In other words, some programs are going to be more generalist and will train their students broadly in clinical psychology. By comparison, other programs are going to provide broad training, but also begin the specialization process earlier with more neuroscience and neuropsychology coursework that is weaved into the clinical and research experience as well.

Ryan Van Patten 40:51

Yeah, it also describes training at the internship and postdoc level as well. The guidelines specifically require that clinical neuropsychologists complete a two-year postdoc in neuropsychology. So, if anyone is wondering where this rule came from, look no further than the Houston Guidelines. The guidelines also describe a general framework for what postdoc should look like, including the percentage of time spent in clinical service, research, and educational activities. The need for interprofessional interactions, etc. Interestingly, it has also specifically stated that subspecialties within clinical neuropsychology may develop in the future and that trainees may seek to complete concentrations in their own subspecialty. For example, they list pediatric, geriatric, and rehabilitation as potential sub-specialties under the neuropsychology umbrella. If you're interested, we spoke to Dr. Christine Trask about the subspecialty board certification process and pediatric neuropsychology in our fifth episode. Again, just on the off chance that anyone is interested in a discussion about that.

John Bellone 42:04

And, finally, the guidelines promote annual continuing education in order to prevent atrophy of knowledge. They promote recruitment and enrollment of individuals from diverse sociodemographic backgrounds. They really emphasize that there's not just one path to becoming a clinical neuropsychologist. People who don't acquire significant training in neuropsych at the graduate level can achieve the requisite knowledge and skills at the internship and postdoc levels. Now, just to step back a little bit, I will say that it's incredibly useful to read the guidelines for yourself. Personally, I consider it mandatory reading for all trainees who want to become a clinical neuropsychologist. It's only 6 pages long. It has such a profound effect on our field. So, don't wait until after the experience has passed to check and see if you met the guidelines. It's really good to do that as early as possible so you know what you're looking at in the future and you can make sure you get that specialty training.

Ryan Van Patten 43:08

Yeah, I completely agree. I think it should be required reading for all graduate students who are interested in specializing in clinical neuropsych, so we should definitely do it early.

Okay, next on the agenda, I wanted to follow-up on Neil's comment about the early stages of training in neuropsychology. I think this is useful both for trainees and for supervisors to think about. Personally, I agree with Neil that standardized administration, and accurate scoring and norming, are the backbone of a valid evaluation. These are not fun or sexy topics to spend time on, but they really are well worth the time and effort. I just cannot stress this enough. If test administration is sloppy, and the data are not valid, or if tests are scored incorrectly, it simply does not matter how skilled the neuropsychologist is. They will be making interpretations based off of inaccurate information and thus, their conclusions will necessarily be invalid. "Garbage in, garbage out", as we sometimes say. So I think that it is absolutely essential that we take our time early on in training. If you're someone who's just learning the nuts and bolts of neuropsychology, memorize test instructions word for word, and learn all of the ins and outs of scoring each and every test in your supervisor's test battery. Once you've put in this hard work and you have these portions down, then you can switch focus to tasks such as establishing rapport, behavioral observations, and the nuance of stepping out of standardization when the clinical situation necessitates it.

From the perspective of a supervisor, I think that we should encourage trainees to allot a large chunk of time to read over manuals, practice test administration on

friends and colleagues, and double score all data files. We can also support them in these efforts through good organization. I think we should have clear instruction sets for every test. The scoring and norming materials should be easy to find. And I think that each trainee should be observed administering a test battery multiple times before they're set loose on their own. It's more time intensive on the front end, but the fruits of this labor are more precise and more valid data for years to come. What I mean is that if the nuts and bolts are trained well early on, then the person develops good habits and continues to practice those habits throughout the rest of their career. If they don't memorize test instructions and they practice other bad habits early on, these behaviors will only crystallize across time and it'll become much harder to relearn correct practices.

So, that was a bit of a monologue. Another one of your favorite soapboxes, but anything you'd like to add, John?

John Bellone 45:59
No, I agree with this soapbox. My first mentor, Travis Fogel, really emphasized the importance of solid test administration and learning a range of tests early on before I had the chance to develop bad habits. Although, I probably still picked up quite a few of those bad habits [laughs].

Ryan Van Patten 46:14
I can speak to that [laughs].

John Bellone 46:19
We all experience what's called "administrative drifts" over time, where we slowly move away from the standardized wording and the standardization. So, we all could benefit from reading those manuals every couple years. But, I particularly like your suggestion, Ryan, that supervisors provide time to let trainees read through manuals to double check their work and then to have them kind of ease into the testing process. I know none of us has a lot of time or energy, and this stuff isn't very riveting - it's not like you're listening to NavNeuro or something like that [laughs].

Ryan Van Patten 46:44
Is anything as riveting as that, though? [laughs] I can't think of...

John Bellone 47:02
...as riveting as listening to the Houston Conference Guidelines [laughs].

Ryan Van Patten 47:08
I can't think of another experience that's better, literally.

John Bellone 47:13
All joking aside, it is so necessary to ensure that the training gets off to the right start. That you are getting off on the right foot. Some sites have the benefit of having multiple trainees at different levels and I think, in these settings, it's really useful to have more of a hierarchical supervision style where a trainee one level up kind of helps the trainee one level down. It could be scoring or it could be the administration, I've seen that work in the past.

Ryan Van Patten 47:43
Yeah, I agree with you, John. Since you brought up supervision, do you want to quickly go over your thoughts on real-time supervision, since Neil mentioned that?

John Bellone 47:51
Sure, and this will probably be the last thing that we cover today. So, I've had both types of supervision as a trainee - both the real-time interactions with supervisors and the supervisors who just say, "Go do the eval, write the report, and then we'll talk about it afterwards." I think both of these styles have their place. And I like how Neil acknowledged that it does depend on where the student is at in their training. If they're newer, they're going to need a lot more guidance. My preference is for fading out supervision as the trainee gets closer and closer to independent practice - less and less hand-holding along the way. I always like when supervisors are available and when you can duck out of the eval to ask them a quick question. I think this is essential early on in your training. But, as you gain more and more experience, I think it's equally important to start gaining that sense of autonomy and having that freedom, when you're ready, of course, to make decisions. Especially minor ones, like whether or not to add a measure independently, to really build your confidence so you're ready for that independent practice.

Ryan Van Patten 49:03
Yeah, great stuff, John. I wholeheartedly agree. This is definitely not the last time that we'll talk about supervision because it's obviously vital to the profession. There

are so many people who are phenomenal supervisors that we can learn from. Well, that's everything we have today about leadership and supervision with Neil Pliskin.

If you enjoyed today's content, then feel free to leave us a rating on iTunes. Hopefully all 5 of those stars, because this really helps others find the podcast as well. And always email us with questions or comments if you have them at feedback@NavNeuro.com and join us next time as we continue to navigate the brain and behavior.

Exit Music 49:45

John Bellone 50:08

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Ryan Van Patten 50:20

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