

29| The Art and Science of Delivering Feedback (Part 2) – With Dr. Karen Postal

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Speakers: Karen Postal, 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 spoke to Dr. Karen Postal about the art and science of delivering feedback at the INS meeting this past February. We didn't have enough

time that day to ask Karen all our feedback-related questions. So she graciously agreed to come back on and finish our conversation. In addition to some more discussion about feedback, we also covered Karen's new book, "Testimony that Sticks" about effectively communicating with judges and jurors. We talked about some of her advocacy and leadership experience as well. If you haven't yet listened to the first episode with Karen, I'd advise you to go listen to episode 17 before listening to this one.

Just to remind everyone, Karen is board certified in both clinical neuropsychology and the pediatric subspecialty. She has an academic appointment at Harvard University. She has a clinical appointment at the Cambridge Health Alliance. She's the Past President of AACN, she wrote the book "Feedback that Sticks" with co-author Kira Armstrong, and she currently works in private practice in Massachusetts. So now we give you our follow-up conversation with Dr. Karen Postal.



Transition Music 01:32



Ryan Van Patten 01:41

Okay, we're back with Karen Postal. Karen, thanks so much for coming back on NavNeuro, remotely this time. We know you hate phone feedbacks [laughs].



John Bellone 01:50

[laughs]



Ryan Van Patten 01:50

Hopefully this remote interview is still pretty good for everyone.



Karen Postal 01:55

Oh, it's my pleasure.



John Bellone 01:59

We wanted to ask you some more feedback-related questions that we didn't have time to last time we met. But we also have lots of other kinds of miscellaneous questions about your new book "Testimony that Sticks", leadership, advocacy, so hopefully we'll get to all that today.

To wrap up the feedback portion of it, we're curious, what's the best way that you've found to motivate patients to follow through with the recommendations that were given? Because that's one of the most important parts of the feedback session itself, to deliver the recommendations and then have them leave with some meaningful change. Can you talk us through that process?

Karen Postal 02:41



That's a great question. I think, if we frame the issue as, are we really understanding what helpful meaningful change would look like for our patients, if we really understand that, then we're joining with them and partnering with them to help them reach those goals. Which is a pretty different thing than, "Okay. I, as the wise neuropsychologist, have come up with these great recommendations that I now want you to follow."

John Bellone 03:22



Yeah.

Ryan Van Patten 03:23



Yeah.

Karen Postal 03:23



So it's a completely different frame. To get to that moment where we have partnered with in co-creating that set of action steps, and then supporting our patients and taking those steps, that really begins the moment we meet them. It's a process. It's a very long process of developing trust, understanding where they come from, and then really understanding what they need. I think if we do that, if we really are listening and attentive and present with them, then at the end of the process, I don't think it'll be a, "Are you accepting my recommendation?" but, "Wow, we've really come up with these things together."

Ryan Van Patten 04:14



Right. Last time, you talked about working with them such that the ideas and concepts that we talked about, that they make them their own.

Karen Postal 04:24



Yeah.



Ryan Van Patten 04:24

Just like you're saying now. Again, we're not prescribing or simply educating. If they are active in the process throughout with us, then they'll be more likely to follow through with recommendations.



Karen Postal 04:36

Yeah.



John Bellone 04:37

It sounds like it's on a case-by-case basis, what those specific recommendations are for that person in front of you. What's the best way that we should be thinking about that recommendation creation process?



Karen Postal 04:50

I think it really depends. There are some recommendations that are going to be - part of the issue is helping educate someone about what types of things might help. I'm going to just go with one that comes up in my practice all the time, which is using a CPAP for obstructive sleep apnea.



John Bellone 05:20

Yep. I sound like a broken record also. [laughs]



Karen Postal 05:22

Yeah [laughs], exactly. So part of the issue, and one can telegraph this at our clinical interview - you know, someone's super worried that they have Alzheimer's disease and they're talking about a very inattentive type of memory issue. Maybe they have a pretty big neck, and you get the feeling that it's a pretty big body mass index, and then you begin asking questions about could this possibly be a sleep apnea contribution. How I do it as I'm asking the questions, I'll say to the person, "Hey, this is why I'm asking, because most people don't know this, but..." and then, as I'm eliciting the history, I'm sharing information about how obstructive sleep apnea can impact thinking the next day. I'm kind of weaving in, "Oh, and by the way, if it's not treated it's not just about problems with thinking it actually puts everybody at a big risk for heart disease and stroke." So that's all being woven in in the initial interview. Then I also start to talk about how hard it is to make friends with a CPAP machine.



Ryan Van Patten 06:52

[laughs]

Karen Postal 06:52

I like that because a lot of times we talk about, like, "compliance with CPAP". And that kind of stinks. Because then it's like, "Oh, you are having to comply with what we tell you is good." So I usually tell the story in the interview. We're not even at the recommendation stage, but I'm telegraphing because I want to have it in their head before they even take the tests when they're maximally worried that this might be something really awful like Alzheimers. I think people are maybe a little bit more receptive to, "Ooh, like, that wouldn't be fun, but that would be much better." So I'll tell the story of a patient that I had, which is a true story, that they had been diagnosed with sleep apnea, they were super unhappy with the whole setup, they didn't like the machine, they felt claustrophobic, they started hyperventilating with it. And we talked about, you know, this person did maybe one or two sessions with a psychologist who was really good at helping people make friends with the CPAP machine. She would invite people to invite the CPAP to come to the sessions. They would bring it to the sessions, they would look at it, they would learn about it, they try it on without turning it on. Basically, the idea was just framed as like making friends with it. This particular patient, true story, came back to my office, came in and said to me, "My life has totally changed. Like, I love this machine. I totally love this machine. And if I hadn't made friends with it, I would be like - there's no way I would have been able to use it." So I'll tell that story. Then, in the feedback session, we'll talk about how, "Can you possibly make friends with this thing? What can we do?"



John Bellone 09:00

It sounds like you're foreshadowing your most important recommendations before you even do the testing, during the initial interview, so that when you bring it up during the feedback, they're much more receptive to it. You're bringing it up in a much softer way - this is not just a prescription for them to follow. You're having a conversation about how to implement that specific change.



Karen Postal 09:24

Yeah. I think storytelling is really helpful, too. Because hearing about a real human being, who - you know, when you listen to a story, you can put yourself first person into that situation and you don't have to be defensive. You don't have to list all the reasons why you don't want to do XYZ. You can just kind of let go and listen to that experience. Somehow it just passes by the "I don't want to" or "This isn't for me",



and you can just kind of listen. So I think stories are really, really helpful tools. Again, when I tell a story, I like to say, "This is just one person's experience, but I think it might be interesting. Or it might be relevant." And just kind of invite the person to consider that other person's experience.

John Bellone 10:27



I like that idea of storytelling a lot. I have been doing something a little bit different the last couple years. I'm curious to get your thoughts on it. I've been incorporating more and more motivational interviewing types of principals.

Karen Postal 10:40



Oh, wonderful. So, like, what are you doing?

John Bellone 10:43



So specifically into the feedback session, trying to elicit change talk. I might have my idea of the three or four things that should be a priority in terms of recommendations, but I'll lay them out and then ask them, "Okay, so of these three things - using the CPAP, getting on a healthier diet, starting to exercise - which of these do you feel like you should start with? What's the most important thing for you?"

Karen Postal 11:09



Oh, I love it.

John Bellone 11:10



And then get them talking about it. I'm curious about your thoughts on motivational interviewing.

Karen Postal 11:14



I think that's spectacular. I think that's wonderful. I love it. Absolutely.

John Bellone 11:20



I found that it helps. Are you giving them a list of recommendations to take home or handing them a copy of the report that has some of your recommendations in it as well? What's your preference?

Karen Postal 11:34



To me, the feedback session is such an integral part of the assessment. Because so much happens at feedback and you learn so much at feedback, I never write my report until after the feedback session is over. What I'll say to folks is that, "I'm going to write all of this up in a letter to be sent to your doctor or sent to you. And it's going to include everything we've talked about and all of these sets of action plans or recommendations. So expect that in the mail." It's usually about a week later that they'll get that.

Ryan Van Patten 12:17



Something else about your CPAP example that struck me is the importance of resources, i.e. consulting and referring to a psychologist who, maybe they don't specialize, but is accustomed to working with people who could benefit from making a new friend, i.e. the machine. [laughs]

Karen Postal 12:35



Yeah, exactly.

Ryan Van Patten 12:36



Having those connections.

Karen Postal 12:37



I think, too, that there's nothing wrong with neuropsychologists deciding, "You know, what? I am referring out for these one and two sessions CBT - you know, make friends with your CPAP - or two or three sessions low hanging fruit insomnia CBT." There's nothing wrong with us just saying, "You know what? I'm just going to add that to what my clinic offers." We can do it ourselves. We can have extended feedbacks where we say to someone, "Look, let's just schedule you coming back for the next three weeks, and let's tackle this ourselves." In those situations where it's not going to be very complicated long-term psychotherapy, it may just make sense, depending on where folks practice, to do it in-house.

There's another kind of aspect to recommendations that I want to talk about, which is that sometimes recommendations do have to be heavy handed. And we do have to impose something from the outside. I think it goes against our basic nature as neuropsychologists and psychologists, but I'll say driving is one of those.



Ryan Van Patten 13:53

Yeah.



Karen Postal 13:55

I had interviewed Aaron Nelson, who was just wonderful, and he had said to me, "You know, sometimes we have to be the authority figure. It's our role to step up and be that for people." So I would say that the exception to the collaborative piece is where we have someone who has Alzheimer's or other type of dementia where they have a neurologically-based unawareness of their deficits and they're not safe to drive. In that situation, between me and that person, as a human being, it's not collaborative. I am telling them something that they can't agree with. Not just don't agree with, but they can't agree with. And it is devastating to them. It's an awful thing we have to do, but that's one of the things that we do have to do. So I'll just put that out there that there are some times when we can't be collaborative, we have to step up and be the authority.



Ryan Van Patten 15:02

Any quick pearls on strategies for having that conversation about driving, for example, that might be helpful to us?



Karen Postal 15:10

I will say yes, because, you know, after 22 years of doing this... I started out my first several years with the school bus cautionary tale, which failed spectacularly, never worked. The school bus cautionary tale is, "Mrs. Smith, you know, you'd never forgive yourself if you hit a school bus full of children." That doesn't work with Mrs. Smith because she has zero ability to recognize that her driving capacity has changed because she has a neurologically-based unawareness. So she hears that and it doesn't sink in because it can't sink in. And her children are in this terrible situation where for them to say, "Mom, you can't drive" is going to be a moment where everybody in that room has to recognize that things have changed forever. They've lost the mother that they grew up with and they can't hide from it. She has dementia, and she is gone in the way that they've needed her to be there for them. It stinks. It's a horrible moment. They don't want to be in that moment. And she will be upset, and it will cause all sorts of pain for her. So what they typically say is, "Well, she's just driving around the corner to the beauty parlor."



John Bellone 16:50

Yep.



Karen Postal 16:50

Right? You've heard that?



John Bellone 16:52

Yep, all the time.



Karen Postal 16:53

Okay.



John Bellone 16:54

She doesn't drive on the freeway anymore. It's only during the day...

Karen Postal 16:57

Only during the day, only to the grocery store, only a three mile radius, no problem. So what I generally start off with is - and Mark Barisa shared this with me, this is genius - which is the left hand turn. So I'll say, "Mr. Smith, you know, I'm not worried that you can't. I know you can operate the car. I know you can turn it on and drive it, not worried about that. I'm worried about left hand turns." Then I'll just pause and wait for the rest of the people in the room to look at me. I use my hands a lot because I'm gesturing. And I say, "Okay, so in a left hand turn, you're looking at the road, you're keeping track of your speed, you're seeing when it's safe for you to turn. But, at the same time, you've got to keep track of the other cars coming towards you and how fast they are going. You're shifting from what you're doing, to what they're doing, to what you're doing, to what they're doing. So making a left hand turn is actually really complicated from a thinking perspective. And there was this test we gave you, where it showed that you have trouble doing that." And then I'll explain the Trails B. So what I'm doing is I'm laying the foundation for the family. I'll say explicitly, "So it's really not about how far you're driving, because even if you just drive to the grocery store, you've got to make left hand turns."



Ryan Van Patten 18:27

Right.

Karen Postal 18:27

So their mom still doesn't believe she's going to have any problem with left hand turns. The kids are now aware that, "Okay, driving within a one mile radius could be a problem." And then I say this, "You know what? I'm really worried. Everybody sues everybody in this country."





John Bellone 18:49

[laughs]

Karen Postal 18:49

"So if you get into an accident, even if it's the other person's fault" - now she can connect with that - "Even if they hit you. But at the accident scene, they get the feeling that you might have a memory issue because you're asking questions a lot, she could sue you, even if it's her fault. And you could lose everything you've ever worked for." Then I look at the kids, and I say, "Everything you've ever worked for." And the first question out of their mouths is always, "Where do we get the driving test? How do we get rid of the car?"



Ryan Van Patten 19:32

[laughs] Right. It really hits home.

Karen Postal 19:33

Because what I've set up here is that, alright, we're going to explode that idea that it's safe to do a one mile radius because it's not, because of left hand turns. And I am now shifting to entirely discussing with the kids the fact that they are all at tremendous financial risk. Because if Nana gets into an accident, and she has Alzheimer's disease, and I said "You can't drive", she could lose everything. That means they could lose their inheritance.



Ryan Van Patten 19:37

Right.

Karen Postal 19:44

And that, I have found, is the most effective. Whether it's someone who they're an early Alzheimer's, maybe they could still drive for another six months and my goal is to get an on road driving test, or they just can't drive, no way, and I'm saying get rid of the car - but, either way, I have found that is very, very, very highly effective.



John Bellone 20:33

I like that. I use that in my practice as well and I found it to be effective. It sounds like just this general manner of giving a couple different reasons, this could be applicable to other recommendations, too. I could see where you're giving a few different reasons why that recommendation is really important, and why it would be

helpful to them and their family, and coming at it from different ways and making it a conversation. I really love that.

Karen Postal 21:01



Absolutely. Yeah. And I think, too, this strategy presupposes that you've got as many family members in the room as possible. I think that's really so important. I think that when we're doing feedback with people who have dementia, we're really doing family therapy. We're doing multi-generational family therapy. It's complicated, and it's so important. I think we need to recognize that, even if we don't have all of the key players in the room, they are in the room. We are always doing multi-generational family therapy. It's just way easier if they're there and we can track the complicated interactions in real time. Because if we're not tracking it, we're missing stuff. Things are happening behind the scenes that we can't integrate into the overall, how can we help?

Ryan Van Patten 22:07



Right. This is all incredibly helpful. I think one angle of the feedback process that would be good for us to at least touch on is supervision of trainees, and how we, as neuropsychologists when we are trainees, initially develop those feedback skills. So, Karen, as a supervisor of an early grad student, maybe this is their first or one of their first feedbacks, what's your typical approach to helping them get their feet wet? Starting to model and mold those really helpful behaviors such as being in touch with how everything is landing on the patient and adjusting on the fly. How do you approach that supervision process?

Karen Postal 22:55



I was just having a conversation, an exit interview, with two of my fellows. I had these fellows for two years, and we had a wonderful experience together, but we were saying to each other it didn't feel satisfying, in terms of the supervision around feedback. And that was because the model of supervision is we're talking about it before or after, but I'm not there. And we were brainstorming about, how can we fix that? The idea of a one-way mirror with me watching us, like, eh, that kind of stinks. Then we thought about, "Well, would it be helpful for you to see me do feedback? Like, would that be better?" Then I was saying, "Well, I couldn't just do feedback on your case. I would have to do the clinical interview with you together, and then we would do feedback." So we're trying to sort that out. I will say to you I just don't feel great or satisfied with how supervision around feedback goes. I think it's really helpful to hear other people do feedback. To me, that was transformative with the

research I did where I basically said to a hundred wise neuropsychologists, "So what exactly do you say?"



Ryan Van Patten 24:31

Right. [laughs]

Karen Postal 24:32



Kira Armstrong, my collaborator, felt the same way. Just being there listening, hearing what people actually say was like, "Ah, that's so great. That's really helpful." I think so much of our supervision is just kind of abstract, and maybe not that intimate. So I don't know. I will say how we do it now, which I don't love, is as we're talking about the case we always talk about, "Okay, well, what is this going to look like in feedback? Like, how might you approach this?" A lot of times what I'll do is kind of like what we're doing here. I'll say to my students, "Okay, I might say something like this..." and I'll just say exactly what I would say. Or, "Well, here's a couple of different things that you might try." I don't know. What about you guys? How has your supervision gone around feedback? Like, what was your experience back in the day?



Ryan Van Patten 24:34

I really like the idea of being present. As a trainee, being able to observe not every week or all the time, but at least...



Karen Postal 25:46

Yeah, just like at least once.



Ryan Van Patten 25:47

At least once, and with multiple different supervisors. Just like your book, the more different perspectives you can get. I completely agree with you in the idea that we can talk about this in the abstract, and it's helpful to gain that knowledge, but seeing it unfold in real time in front of me I've had really good experiences with that. There might be a difficult family dynamic or some other tough interpersonal situation. Watching this seasoned clinician who's done this many times and how they handle that gives me more confidence and then I implement some of their strategies, even the subtle, nonverbal behavior. So I really like, as a trainee, observing and then being able to talk through how a session played out.

John Bellone 26:33



I still find myself - I kind of smile to myself when I say something that was exactly how my supervisor used to say it. [laughs] The same phrasing and everything because it just worked. I saw that it worked with them and now it's working. I see them light up when I say this, or when I explain it this way, or use this analogy. I found that the biggest thing for me was just exposure, and that repetition of giving feedback. I remember the first time giving feedback, I had to tell someone that based on the testing we're giving them a diagnosis of Alzheimer's disease and dementia.



Karen Postal 27:07

Oh. That's a hard first feedback. Good lord.

John Bellone 27:09



Oh my gosh. I was beating around the bush for five minutes not saying the word. It was brutal. I learned from that experience. Luckily, my supervisor was in the room with me and she helped me maneuver towards the diagnosis. And she softened it after I said it, and that kind of thing. So it helpful for me to start giving feedback during my training. I think sometimes supervisors completely take over the feedback, or they don't let their trainees do it. Even through postdoc, I think some people don't get any experience giving the feedback session.



Karen Postal 27:45

Oh. Even in postdoc?



John Bellone 27:48

I don't know how many people don't get any experience. But I feel like people don't sometimes.

Ryan Van Patten 27:53



I agree that it's really helpful. I mean, I'm a postdoc now and to have the training wheels taken off across time, like a scaffolded approach where, by the time we're in fellowship or residency, we are doing some of our own feedbacks. Maybe every once in a while the supervisor sits in with us and then is able to provide real time feedback, other times they can't. But it's detrimental, I agree, especially later on in our training, if we are still exclusively only watching it happen and not able to do it ourselves as trainees.



John Bellone 28:28

Yeah. By internship I felt comfortable doing feedbacks and that was because during my practicum my supervisors were great about helping me through that and letting me watch them whenever I wanted to. So that was really helpful. But I'm not sure what the best way to instill - you know, how to train clinicians in the art of delivering effective feedback or how to best supervise. Yeah. It's still a work in progress.



Karen Postal 28:52

Yeah, it's a really good question. I'll be thinking about that.



John Bellone 28:55

Yeah.



Ryan Van Patten 28:56

We've talked about some resources, Karen, in our last episode that can be helpful for the feedback process. Of course, the "Feedback that Sticks" book is wonderful. You also referenced the Alan Alda center and your experiences there, which sounded transformative. And you also mentioned improv as a good way to learn how to think on the fly and deal with the "yes, and" approach. Any additional resources you might have for trainees who are interested in working towards improving their feedback skills?



Karen Postal 29:29

I think that we could all use some good family systems training. If you are a pediatric neuropsychologist, it's so helpful to understand family dynamics and understand our place in that complex system - the roles of the identified patient, the roles of the family, the extended family. Definitely with dementia, if we're working on the other side of the age spectrum. The person with dementia, I mean, if it wasn't for the family, the person themselves has no complaints. So there's no problem and there's no solution unless you've joined with and engaged the family. So I think that if you really want to do that well, getting some family systems training is a really helpful thing. I just wrote a chapter on multi-generational family systems in dementia care. I really think that so much of what we do when we're caring for that population - but it's true in pediatrics as well - involves us inserting ourselves. Partnering with a complex system. Without family systems training, it's a little difficult to do that.



Ryan Van Patten 31:04

Right. Yeah, that's a good recommendation. I think a lot of people would not think of that, but it certainly makes sense especially with patients who are very embedded in these family systems, we need to incorporate other key players.



Karen Postal 31:19

We think of the brain-behavior relationship. But it's not just "a brain" that we're dealing with. [laughs] It's a brain in the context of a family. It doesn't matter how old you are, it's the system surrounding this brain making meaning out of what's happening. So I think, to the extent in our training, if we can pull the lens back, we're not just looking at a single brain, we're looking at larger systems - cultural, family, socioeconomic. [If we] just bring the lens back, we're going to be so much better at what we do.



Ryan Van Patten 32:07

Agreed. Moving on, I believe that you're continuing to collect feedback strategies. Is that right? Can you tell the audience how we can contribute to this effort?



Karen Postal 32:20

How do you mean? [laughs]



John Bellone 32:23

I don't know if I saw it in your book, in the "Feedback that Sticks" book. Was there a website? Like a repository for strategies?



Karen Postal 32:30

Oh, yeah. You know what? It's so funny. So what happened was Kira and I interviewed a lot of seasoned neuropsychologists for the "Feedback that Sticks" project. Then we figured there will be colleagues out there that we have not yet met and who are amazing at giving feedback. We sent out a link to the listserv saying, just inviting people, "If you have great strategies you love, please share them." And we actually got a whole bunch of amazing strategies. We left that site open and I have not gotten a hit off that site in a long time. So I'm not 100% sure that it's still active. But always, if someone has a great feedback strategy, I definitely invite them to send me an email at KarenPostal@comcast.net. And it's so much fun. I get these once in a while. As I'm talking to people, people share great stories that they use with patients or feedback strategies. I sometimes will just say, "Do you mind if I use

that in my next talk or integrate that?" So I'm always super, super happy to get that information.



John Bellone 33:54

Awesome. Yeah. If that link is still active, we will include it in our show notes. We'll drive some traffic there. We'll reinvigorate that. [laughs]



Karen Postal 34:03

Perfect. I love it.



John Bellone 34:05

Moving on from feedback now, unless there's anything else you wanted to add for feedback, I think we want to move into talking about your new book for a little bit. "Testimony that Sticks" uses a similar format to "Feedback that Sticks" where you thoroughly interviewed 70 seasoned forensic neuropsychologists and psychologists as well as attorneys and judges to lay out how we can present complex neuropsychological and psychological data to jurors. Could you give us a quick overview of that book and that process? Some recommendations and pearls that came out of it?



Karen Postal 34:42

Yeah, sure. So it was a very similar format. The basic research design was the one that Kira Armstrong and I had developed for "Feedback that Sticks" which is I sat down with colleagues who do a lot of forensic work, both forensic psychologists and neuropsychologists, and said to them, "You know, let me be a fly on the wall. Like, what do you exactly say? Like, what are you saying to jurors that helps them do..." All involved kept saying this, and I agree with it, that the jurors have the most difficult job in the courtroom. Trying to understand something that's just outside the framework of their typical knowledge well enough to decide a case that's really going to change people's lives. So what I asked people was, "You know, I don't want to know how we win as a plaintiff expert or defense expert." But, as Manfred Greiffenstein said, "How can we be productive on the stand? How do we help the jurors do their job?" And so that was the goal. I asked, you know, "What are the analogies and metaphors and stories? How are you explaining in a concise, engaging way, things that we do all the time? Things that we understand that they just disappear for us, they're so common, but jurors need to know?" And then I asked the judges and attorneys, "As you listen to us testify, what are the analogies, metaphors, stories, ways of explaining things that are productive, that actually engage people?" Then I asked everybody bigger picture questions, you know,

"What are our goals on the stand? What is credibility? How do we maintain credibility, even through cross examination? What are differences between testifying on direct and cross?" So really big picture questions. It was, man, it was fascinating. It was tremendous to hear how skilled our colleagues are. We have colleagues that are just such good communicators. Then it was super fascinating to hear the perspective of the attorneys and judges. I was just blown away so frequently with things that I just didn't get until I spoke with the attorneys and judges. For me, it was transformative. It was like the feedback project. It was a really transformative process. It's been really fun now that the research is wrapped up and it's compiled, it's put together in this book, and I've been talking with colleagues about it at conferences. It's been really, really a lot of fun.

Ryan Van Patten 37:52



It's such a good idea - both books. This second book is very original. I can imagine that, at times, communicating to juries resembles at least somewhat communicating to patients and feedback. The general theme is similar - taking complex neuropsych information and communicating it in a way that is understandable. It's also a unique setting. Are there aspects of communicating to juries that really overlapped a lot with feedback? Are there aspects that were very unique that stood out?

Karen Postal 38:25



That's a great question. A lot of our colleagues started out with, "You know, it's like a really good feedback session." All of the things that we want to think about for a feedback session, that's all at play. One thing that really helped me understand some of the unique dynamics - there's a linguist named Robin Lakoff and she studied power relationships in a lot of different settings and one of the settings was in the courtroom. She pointed out in her book - and it was like, "Ah, it makes so much sense" - that there's a red herring in terms of communication. Because when you're on the stand, the person you are literally speaking with is the attorney. The attorney who brought you to the court in direct they're asking you questions, you're answering their questions. And on cross examination, it's the opposing counsel. So you are literally speaking back and forth with the attorney. But she pointed out that that's misleading. That the real communication partner is you and the attorney as one entity communicating directly with the jurors. Once you understand that, then you can understand that you are actually in direct communication with the jurors. And if you think about it, if you were really in a direct communication with the attorney, it's the most bizarre, stupid conversation you've ever had in your life. Because they're asking you questions that they already know exactly what you're going to answer.



Ryan Van Patten 40:16

Right. [laughs]

Karen Postal 40:17

Right. So you're not communicating with them. The question-answer of the attorney and expert is one entity in direct communication with the jurors. Then I'll add to what she was saying because another layer is that, all right, if you and the attorney are back and forth, that's a direct communication with the jurors. You can be misled into thinking that it's a one-way communication, and it's not. The jurors are not literally speaking but it's not a one-way download. I think the biggest mistake that we make as an expert is to think, "Okay, I've seen the examinee. I've reviewed a bazillion records. I've come up with opinions. And then the attorney on direct is going to ask me questions. We've set it up in advance to have a set of questions and answers that's going to communicate this opinion with that jury, one way." But that's missing an entire half of the communication. Because the jurors, whether it's 9 or 12 or whatever system you're in, they are bringing to that interaction their personal experience of the thing you're talking about, their education level, their cultural background, the fact that they once knew someone with intellectual disability. They're bringing the fact that one of their kids was sick that morning, or that they're on day 12 of this trial and they got to get back to work - like, they're bringing their thought bubble. Everything that makes them human, their experiences, that's one half of the communication. And if we are blithely going along, thinking we're just downloading one way, then we've missed this tremendous opportunity to join into a partnership with the jurors and make what we're saying meaningful in their lives so they can use that to do their difficult job.



John Bellone 42:32

So kind of anticipating their thoughts and what they're bringing to the table in terms of their cultural background while you're explaining these concepts to them. My dad's an attorney, and he uses psychologists and psychiatrists sometimes in trials, and he says that the best expert witnesses are the ones that talk directly to the jurors. They really explain concepts, they are just engaging and fun to listen to.



Karen Postal 43:05

Yeah, perfect. Yes.





John Bellone 43:07

You wouldn't think that, thinking about a court case, about a trial, but it's so fundamental to having the jurors really understand you and stay attentive to all these difficult concepts.



Karen Postal 43:21

You know, one of the judges said to me, "A good expert witness is entertaining." And it was like a record scratch because I was like, "What?" I think the courtroom is like a very serious place. And she said, "You know, I don't mean a song and a dance. But by entertaining, you've got to engage the attention. You've got to engage in a way that people want to listen." Another neuropsychologist said to me, "You know, it's like a really good Frontline documentary. You know, it's well edited, you're not going into the weeds on everything. You're using visuals, you're showing, you're not telling people what to think. You're helping them come to their own conclusions. There's a good clip to it. You're telling stories." The idea is that we're telling the narrative of the human being. We are using our very well grounded evidence-based science to move that narrative along. What we don't want to do is just download a whole bunch of unrelated facts. People think, "Alright. Well, I've got to get on the stand and talk about every test that I gave and exactly what percentile it was." And it's like, whoa, we're not there to tell the story of our tests or of our technology. We're there to tell the story of the human being in an engaging way. I would say that this brings us back to our traditional academic communication patterns, which is that we are not well prepared to do that. We're not taught to communicate in an engaging, entertaining way that describes a human being. We're taught something completely different.



John Bellone 45:22

That's the theme here, right? It's just communicating science principles, whether you're in a feedback session with a patient or you're in a court setting or you're talking to the media, just we need to, like you said, disrupt this academic communication. I like that a lot.



Karen Postal 45:37

Yeah, it was so clear to me from so many different perspectives that that's what the court wants from us. That's what they need from us. They don't want us coming into that courtroom and using academic communication, because it's impenetrable. It's not helpful. I will say that when I started to shift what I was doing in court - as I was doing these interviews, I was testifying a lot, and I would often be in an interview with a seasoned, very respected forensic professional. I would be like, "Whoa, you

can do that? You say that? On the stand? That's what you're doing?" As I tried things out, basically as I gave myself permission to disrupt these very ingrained, reflexive ways of communicating - you know, it's a scary, intimidating place, and it's very formal, and so we bring our most formal academic communication with us. It's scary to not do that. But every time I allowed myself to disrupt those patterns, it was like, "Wow, it feels so good. It feels like I'm really connecting with jurors." It also felt enlivening. It was literally more fun for me, and less anxious and more productive. But it's a hard process, I think.

Ryan Van Patten 47:21



Right, but so important. I'd like to talk about another aspect of private practice. We've been talking about one aspect - it's not uncommon for neuropsychologists in private practice to do forensic work and very related to your book "Testimony that Sticks". Another aspect of your private practice, Karen, is that you see pediatric cases all the way up through older adult cases, so it's a lifespan practice, which we have the ability to do. That can happen in a hospital setting as well, but I've heard of it happening more in people who have their own practice. Can you talk through what it's like to see lifespan patients? Obviously, there's a lot to know, there's a lot to be prepared for. We could have many different types of people walk through the door at any time. It's different from a specialized clinic where we're seeing something very narrow and similar. Not that that's easy, but this is a heavy lift. Can you talk through that for us?

John Bellone 48:27



I can barely keep up with just the adults and geriatric folks that I see. Let alone if I were to add peds to the group.

Ryan Van Patten 48:35



Yeah.

Karen Postal 48:35



I think it used to be more common. I think now we're very, very hyper specialized in everything we do. All of medicine is going in that direction. So I think people who were trained when I was, it was not quite as unusual to train in lifespan. I think there's some benefits, just from a knowledge perspective. So when I see a 50 year old person who had a traumatic brain injury, and they had a history of dyslexia, I work with kids with dyslexia all the time. I have a really intimate working knowledge of what a neuropsychological assessment set of scores looks like when you have dyslexia. So as I'm interpreting premorbid function with my 50 year old, it's really so

much easier because I know what it looks like. I'm thinking, "Okay, we've got some junky looking scores here, but this is pretty consistent with the kids and adolescents who are coming through my practice."

The other thing, too, just in terms of normal variability, I see tons of kids who are essentially worried well. Like, "Oh, I'm not doing that well in school, I'm worried that I might have a learning disability." And they don't, they're fine. So I have a really good sense in my bones, that normal healthy folks can have strengths and weaknesses in their cognitive score sets and it doesn't mean that they have anything wrong with them at age 60, if they've got some strengths and weaknesses then. So, from a lifespan perspective, it's really helpful.

The other thing is that I see adult versions of the child problems all the time. So adults with ADHD, adults who have grown up who used to have CP or whatever learning disability it was. So as I'm working with the 6 year old and her family, I have a pretty solid developmental understanding of some of the trajectories and what that looks like. So I can be calmer because I've seen really great outcomes from a lot of different people. And then, of course, now I'm so old that I tested kids way back when, when they were in 1st grade, and now they're adults and having kids and bringing me their kids. So I think there's a benefit with that lifespan. The other thing, too, is it's a hoot. You know, the first patient of the day will be a kid and the question is, "Does he have ADHD?" [laughs] And in the first five minutes of the session, he has completely trashed my office. It was like, "Well, maybe you don't need to pay me for this." [laughs]



Ryan Van Patten 49:07

[laughs]

Karen Postal 49:48

And then the next person might be someone who's 90. And I love getting histories with people who are 90, because they're telling me - I live in Andover, Massachusetts, and they're telling me about [how] they used to work in the shoe mills, which was the major world center for shoes here. And they tell me about changes and what it looked like. So, to me, it's just so rich. It's so interesting. Never a boring moment. So I love lifespan.



Ryan Van Patten 52:35

And a major benefit too is for us, in terms of practicing neuropsychologists, is it rounds us out, right? If I'm an adult neuropsychologist, all my patients at one point

were children. For pediatric folks, they are on the path to becoming adults. So if we know more about those other life stages, that informs our work with our population of special interests.

Karen Postal 53:01



It really does. I think also from the economics of practice perspective having a lifespan practice is a good thing because you are diversified. If you take insurance, most insurance systems have rules and things that can change and whole insurance systems change. If you are very highly specialized in one area - so for example, you only see movement disorders, and there are fundamental changes in the way that your hospital works with insurance or all of a sudden you're in a bundled care system and neuropsychology is not in that bundle, etc, then that can be kind of dangerous from a career perspective or from an economic perspective. So...



Ryan Van Patten 54:00

You're vulnerable.

Karen Postal 54:01



You're vulnerable. So from an intellectual perspective, from a good care perspective. And then also you want to make sure that you have not put all of your eggs in one basket. It certainly makes sense. Even if you're not diversifying to a different part of the lifespan, it just certainly makes sense to diversify as much as one can.



John Bellone 54:22

I'm curious how you balance the benefits of that lifespan perspective with the need to be competent with each population. How do you stay up with the literature for both peds and adults? How do you balance those two forces?



Karen Postal 54:40

Well, I am on PubMed every day of my life. [laughs]



John Bellone 54:45

[laughs]

Karen Postal 54:46



I feel like, with my students, if I can communicate one thing, it's, "We are always always, always, always learning." And if you have not been on PubMed this week and you're practicing, there's something wrong. I think, as students, a lot of people feel like, "Oh my God, I don't know this", like that's a bad thing. It's like, "No, no, no, no, no, no. You knew to ask the question. You know you don't know those. That's spectacular." We're in the information age. It literally takes two seconds to hop on PubMed, do a review, identify articles, and then get the PDFs. I mean, this is so easy.

John Bellone 55:39



We're not going to the library and scanning things like you guys used to have to... [laughs]

Karen Postal 55:43



Oh my God. I mean, I will tell you the "walking 10 miles uphill both ways" stories, but, yeah, it used to be a big deal. It's so easy now. So, to me, I'm always doing that. It's, parenthetically, I think, a huge benefit of working forensically. Because you have to be up on the latest latest when you do forensic work. But, really, you get into that habit. It's a great way to practice for all of our patients. So I am always happy when something comes into the office that I haven't seen before or is puzzling. I'm on PubMed and doing lit reviews. That just keeps it interesting. It keeps it fun.

John Bellone 56:36



Yeah. Awesome. I'd like to spend maybe the rest of our time with you talking about leadership and advocacy work. I know that's a big, big piece of what you do as well. I know you were the president of AACN and I'm curious how you came into that position. You were also involved with the Massachusetts Psychological Association and the Massachusetts Neuropsychological Society. If you can explain what those are and your role there. I'm just really curious about your leadership skills and experience.

Karen Postal 57:08



So, when I finished my fellowship, I moved to Massachusetts and I joined the Massachusetts Psychological Association. I think that sometimes, as neuropsychologists, we don't naturally do that because we think, "Oh, they're psychologists and we're neuro psychologists." But the state psych associations are wonderful, wonderful organizations. They have tremendous resources from an

advocacy perspective. They have resources from the American Psych Association. They usually have resources to hire lobbyists. They're really the powerhouses in terms of making a difference for our practice climates. So I always highly recommend to my students, "Join your state psych association first." You really should do that. My experience was, I joined the Mass Psych Association and they had this great early career mentoring program. You could choose different career trajectories. And I was interested in forensics - I had a little bit of training, but not tons, and so I thought, "Oh, this should be fun." And I joined that group. It was such a good experience. It was a wonderful way to connect with the community. Then Ira Packer, who is a wonderful forensic psychologist, he was my mentor way, way, way back in the day. He said to me, "You know, you'd be really good on the board. You should run for the board." And I was like, "Oh, well, I'd never be elected to the board." So I thought, "Okay, since I won't get elected...." [laughs]



John Bellone 57:49

You might as well.



Karen Postal 59:06

Yeah. And, of course, I got elected to the board. Then being on a state psych association board is such a great way to learn about what's going on in the community, our community. I joined the Education Committee because I cleverly thought, "Well, if I'm setting up the CEs, it'll be ones that I really want to go to." [laughs]



Ryan Van Patten 59:35

[laughs]



Karen Postal 59:35

It's kind of selfish to do it that way, but then I ended up being the Chair of the CEs and I got involved that way. But there's nothing like being part of a state psych association board because you understand who the major players in the insurance industry are. What are the laws that are going to be impacting our practice? Things like managed care laws that are going to impact [whether] managed care companies are able to claw back money from us 10 years later. They just decide, "You know, what? We decided we don't want to pay for that and we're going to take \$30,000 from you." That actually happens. So you can protect yourself and other colleagues by counter legislation. So there's so much you learn. And then just sitting with colleagues, you get tremendous opportunities. Like you sit next to

someone at a board meeting, and they have a share of similar interests, and you guys decide to do a project together or whatever.

So eventually, I got elected to be President of the Mass Psych Association and that was really fun. I did a lot of advocacy in that role. And because of my advocacy there, I was asked to chair the Practice Committee for AACN. And because of my advocacy in that role, I got asked to run for the board of AACN. I did and I lost, which really stunk. Then someone asked me the next year, "Well, will you run again?" And my first response was like, "I'm not running again." [laughs] And then I realized, like, "Oh, I should run again." And I did, and I got elected. And then I eventually became President of AACN.

But it's a really good thing to do because of self interest. Because if you are involved in professional organizations, you are intimately involved in protecting the practice climate so that you can help your patients. You get the opportunity to connect with colleagues that you would otherwise never have met. Those connections enrich and enliven your clinical work or your research work. So, to me, it's all very interconnected. That organizational work is an important piece of what we do as professional neuropsychologists. It's not separate from our work as neuropsychologists. It's very intimately connected.

Ryan Van Patten 1:02:33



What advice do you have for trainees and early career professionals who haven't yet held any position like this, but are interested in starting to get involved? How do you start to get your foot in the door?

Karen Postal 1:02:44



I love the concept of platform. And platform is this idea that everything we do in our lives is building a platform for us. It includes all the Venn diagrams of our life. So if we write a journal article, that is a plank in our platform. If we give a grand rounds at the local hospital, that's part of our platform. If we give an interview to a TV station, or if we run for the local school board, or if we get on a state psychological association board - all of these things we do, whether it's personal with our kids or our schools, or professional or through organizations, we are creating this platform and then we are standing there. The point is that when we create a plank, we are standing on this plank, now we are visible in ways we haven't been before.

Let's take the example of you running for the board of your state psych association. You've been sitting next to a psychologist who chairs, let's say, the department at

the local hospital. And as you talk, you realize you both have this research interest and you decide to collaborate. Or you're sitting next to the person on the other side of you and they are on the NAN Education Committee and they desperately need someone and they say, "You're great to be with. Would you like to join me on this committee?" So you get opportunities because you are now visible that you otherwise wouldn't get. Then those opportunities you say "Yes" to, and they are now where you're standing. So rather than a linear path to leadership, it's like a set of stepping stones that serpentine. You don't know where it's going to lead because that's what life is like. But you're saying "Yes" to these opportunities and it's increasing your platform. And platform is why people choose you for whatever.

So say you want a grant, your CV should be a reflection of that platform. People look at you and they say, "All right, who is this person? Well, they're on the board of this, or they're on this committee, or they've written this, or they've had this experience. Solid person, we're going to pick them." Or almost every patient looks you up online before they go to you. So if I want my child to be assessed for a learning disability, I'm looking up Doctor XYZ, and that website is the platform. "I'm really impressed that this person wrote this book, or this person is, on this board." So that gives you that opportunity. Or if you are wanting tenure, or whatever it is - your platform basically opens doors for you and it allows you to know where doors are. I think that if students really think about their careers with this platform concept, it's going to make it a lot more intuitive why joining a state psych association and running for the board is not separate from their career. It's really intermingled. Or taking the plunge giving that grand rounds - it's not additional, it's not an extra thing you're doing. It's like, that is what you're doing.

Ryan Van Patten 1:06:58



The platform analogy is great for this. It's a great framework to see the utility of these leadership positions. Do you have any advice specific to women in this regard?

Karen Postal 1:07:09



Before I answer that question, which is a great question, I'll just also say that we really need to show up with our most positive selves wherever we are. Because, and I've seen it sometimes, people come to these opportunities a little crabby [laughs] or a little difficult. And it's wasting an opportunity to connect and to be positive and to be one of those people in the room who are saying "Yes", right? Or "Yes, and." Like, let's do this. Let's roll up our sleeves. Let's honor each other's cool ideas and not be like, "No, no, no, no, no." So I would say you want to say "Yes" to

opportunities and then you want to show up, really, with your best self really ready to just send it. I think that counts for training, too. As students, we really need to just be there - show up, work hard, be positive. In our jobs or interactions, we really, really want to be there.

For women, I would say that I've been Chair of Nominating Committees at various times. I am currently Chair of a Nominating Committee. And the most typical response I get from women when I say, "Hey, would you like to run for this position? I think you'd be great in this." They'll say, "I'm not ready. I don't think I can do that." Whereas men typically, not all, but men typically say, "Yeah! Whoo! That's gonna be great. This is awesome." I think that a lot of women just feel like we need to have perfect readiness to do something as opposed to being willing to say, "Okay, I don't know how to do that. I've never done that. But I'm just going to jump in because I'm trusting my abilities and skills. I'll rise to the occasion." I think that just our experiences, we've been beaten down so often, that we really feel like we only will be protected if we come with an enormous amount of a prior experience. So I would say to women, "Just say yes. Even if you can't yet do something, you will be able to." I also think that there is a huge, continued, highly annoying, persistent unfairness in the division of labor at home. Most women are stuck with the majority of the child rearing chores. So that often leads us to getting home and doing the second shift, where then we have to, like, arrange the dentist appointments and the playdates and do all of that. So sometimes it feels very overwhelming to then also say "Yes" to these opportunities that come up. Or we might feel guilty in a way that our male colleagues don't. You just hear it all the time in the news. Like a candidate is described as like, "Oh, how are you dealing with being a candidate and also being a mother?" Where nobody asked the dads that. You know, that's always the question for the CEO. Like, "Wow, how are you dealing with being a CEO of a multinational company and being a mother?" Like, zero male CEOs are ever asked that. So the question is oftentimes very guilt inducing. A lot of times women will feel like, "Okay, I've got to spend all of my non-patient hours with the kids or I'm going to be overwhelmed with guilt." That's another thing that I think we really need to push through and just shake it off, and say, "Okay, I would like to greet this guilty feeling and shake its hand and just let it go and do things anyways." I'll say that when I was President of the Mass Psych Association, I was the first one that was 9 months pregnant in the position. [laughs]



John Bellone 1:11:49

Oh, wow.



Ryan Van Patten 1:11:50

Wow.



Karen Postal 1:11:51

And the first one to give birth in the position. It's like, "What?" I think it's okay as women to be like, "You know, what? We're going to accept these positions and our children can watch us do good things and be powerful in the world." That's a really important, valuable piece of parenting that we don't want them to miss out on. I think that that frame can be helpful.



John Bellone 1:12:25

That's a great point. That's so inspirational for everyone who's listening, I bet.



Karen Postal 1:12:43

Oh, no longer. Unfortunately.



John Bellone 1:12:44

Oh, no longer. You were?



Karen Postal 1:12:45

No, I was a delegate. But then when I became AACN President, I had to let that go.



John Bellone 1:12:51

I see.



Ryan Van Patten 1:12:52

You can't do 30 things at one time? Just 29?



Karen Postal 1:12:56

[laughs]



Ryan Van Patten 1:12:56

Come on, Karen. [laughs] I'm only kidding.



John Bellone 1:13:00

[laughs]



Karen Postal 1:13:00

It's like, "Step up!" [laughs]



Ryan Van Patten 1:13:03

[laughs]



John Bellone 1:13:03

I don't know if you had something else in the last minute or two of our time with you that you wanted to add in terms of advocacy? We'll link to your paper, we'll include the reference to the 360 Degree Advocacy publication.



Karen Postal 1:13:17

Oh, that's great. Well, I have to say, since our first interview I started listening to your podcast and I am hooked. It is awesome. It is so cool. To me, what you guys are doing in terms of communicating interesting ideas and concepts in neuropsychology in a way where we're not just reading an article is brilliant. So I gotta say, you've hooked me in. I'm really impressed with what you guys are doing.



Ryan Van Patten 1:13:52

Thank you so much.



John Bellone 1:13:53

Yeah, that's really nice to hear.



Ryan Van Patten 1:13:54

It helps, obviously, to have guests such as yourself. Makes our jobs much easier. [laughs]



John Bellone 1:14:00

How can our listeners become advocates? How can they become advocates in their own way or any quick departing kind of tips for them?



Karen Postal 1:14:11

Well, advocacy is a team sport. So I think that joining an organization - AACN, NAN, your local state psych association, some of the regional neuropsych organizations like the Mass Neuropsych Society have a really strong advocacy wing. I think that if you are interested in advocacy, which you should be, because it's impacting our lives, then join whichever organization you feel most connected with and just call up or email the Chair of the Advocacy Group. Everybody is always always always interested in adding committee members. It's a great way to start, and you just learn a tremendous amount.



John Bellone 1:15:06

Even just paying the membership dues or registering for a conference is a form of advocacy, right?



Karen Postal 1:15:11

That's so true. [laughs]



John Bellone 1:15:11

You're contributing to the funds for that organization.



Ryan Van Patten 1:15:18

Well, again, thank you so much for your time, Karen. Both us and our listeners benefit so much from these discussions.



Karen Postal 1:15:23

So much fun. Thank you. Thanks for inviting me. Okay. Bye bye.



John Bellone 1:15:27

Bye.



Ryan Van Patten 1:15:28

Well, that does it for conversation with Karen. As always, thank you so much for listening and be sure to join us next time as we continue to navigate the brain and behavior.



Exit Music 1:15:39



John Bellone 1:16:03

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Ryan Van Patten 1:16:15

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