

# NEUROPSYCHOLOGICAL ASSESSMENT

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## **WHAT IS A NEUROPSYCHOLOGICAL EVALUATION?**

A neuropsychological evaluation typically includes an interview with a clinical neuropsychologist and assessment with a series of neuropsychometric tests. Neuropsychometric tests measure a wide range of abilities to determine an individual's strengths and weaknesses. The test results are compared to standardized norms and estimates of the person's pre-injury abilities.

A neuropsychological evaluation is often completed soon after an individual has a traumatic brain injury or if an individual seems to be having difficulties related to an undiagnosed brain injury from the past. From the perspective of people with brain injury and their significant others, it is important to know what a neuropsychological evaluation is and how the results can be beneficial.

## **A NEUROPSYCHOLOGICAL EVALUATION HELPS DETERMINE:**

- which functions of the brain have been disrupted
- to what extent
- what these changes mean in the person's day-to-day life
- what can be done to help

## **A COMPREHENSIVE NEUROPSYCHOLOGICAL EVALUATION EXAMINES:**

Attention	Higher-order and executive cognitive functions:
Memory	- anticipating
Ability to Learn	- initiating
Intelligence	- problem-solving
Language and communication	- abstract reasoning
Speed and efficiency	- insight
Motor abilities	- judgment
Personality	- drawing conclusions
Emotional status	- self-control
	- managing time

## **A NEUROPSYCHOLOGICAL EVALUATION CAN:**

- provide evidence that a brain injury has caused changes
- give an idea of what the person can or cannot be expected to do
- help identify what a person needs to be successful, including adaptations and compensation strategies, supervision, learning style, or teaching strategies
- help people understand how the injury has changed them
- help others see how people with the brain injury see themselves

- help plan rehabilitation or other treatment
- aid in educational planning
- aid in vocational planning
- document changes for legal purposes

### **WHAT IS A NEUROPSYCHOLOGIST?**

How do you find a good neuropsychologist? For that matter, what is a neuropsychologist? Individuals with brain injury and their significant others may be confused by the differences in the training and experience of individuals who call themselves neuropsychologists.

The American Board of Professional Psychology (ABPP), a national credentialing association, has developed a certification program to identify qualified neuropsychologists. ABPP examines and awards board certification to psychologists with special qualifications in neuropsychology (and other psychological specialties) in much the same way that medical boards certify medical specialists. Because ABPP sets high standards for professional practice, individuals who pass the examination in neuropsychology are well-qualified neuropsychologists.

Are there good neuropsychologists who do not have the ABPP? ABPP certification in Clinical Neuropsychology is strong evidence of competency in this specialty area. However, some good neuropsychologists have not obtained the ABPP for a variety of reasons. A neuropsychologist who is not board certified should have a state license to practice psychology and have a Ph.D. in psychology. However, a Ph.D. is not enough to qualify a person for the practice of neuropsychology. After completing the Ph.D., a neuropsychologist should have additional supervised training and experience in cognitive and behavioral evaluation of individuals with various types of brain injury and disease. Psychologists practicing neuropsychology who have completed their Ph.D. less than two years ago should be practicing in association with a more experienced neuropsychologist.

A final question that can be asked of any neuropsychologist is, "How many individuals with traumatic brain injury have you worked with in the past?" Individuals and families can anticipate the best service from neuropsychologists who have worked with a substantial number of people with brain injury.

### **PREPARING FOR A NEUROPSYCHOLOGICAL EVALUATION**

Schedule the evaluation far enough in advance so there is time to collect your thoughts as well as essential records. Whenever possible, the assessment should be postponed if medications have been recently changed. Such changes may affect a wide range of abilities, at least temporarily.

With the permission of the person with brain injury or guardian, the neuropsychologist or a professional associate will send for copies of medical and rehabilitation records. Make certain complete records have been gathered before scheduling the evaluation. If possible, the following information should be provided:

1. Ask the neuropsychologist what pre-injury data would be useful, i.e., educational/vocational records (transcripts and/or certificates of vocational training;

results of school achievement tests); samples of written material; medical history; social skills; and recreational interests; samples of arts, crafts or projects completed by the individual.

2. Be prepared to answer questions about current level of abilities: changes in personality and social skills; physical endurance; how information seems to be processed; emotional control; level of independence in doing things; and current problems experienced by the individual and family.
3. Plans for the future; expectations of the individual with brain injury and expectations of family members; support systems; financial status; and community resources needed.
4. Current medications - including dosages, current daily routine, and well-organized historical information.

### **PARTICIPATING IN A NEUROPSYCHOLOGICAL EVALUATION**

The evaluation process brings different feelings for different people. Some people look forward to receiving information about why they feel different. It can be comforting to discover that the changes are caused by the brain injury and not because they are lazy or “going crazy.” Others may not like having their changed skills and problems revealed. Results may show that they are different in many ways because of the brain injury. Therefore, it is important that the person with brain injury receive adequate rest and eat properly prior to the assessment. Also avoid doing things that make the individual feel stressed. It is unwise to plan activities which deviate from the person's usual routine and which might negatively affect the results of the assessment

Ensure that eyeglasses, medications, walkers or canes, and other assistive devices are brought to the evaluation. Any special needs should be discussed with the neuropsychologist prior to arriving for the assessment. Neuropsychologists do not typically administer medications, do transfers, manage medical problems, or assist people in the bathroom.

Neuropsychologists seek a balanced picture of the person's strengths and weaknesses. Tests start out easy then become increasingly difficult. Incorrect answers help the neuropsychologist identify areas of change that the brain injury has caused. People may feel discouraged because they know they could have done better on the tests prior to their injury. Family support and encouragement may help the individual feel better about the situation.

### **UNDERSTANDING THE RESULTS**

Once the assessment is complete, it is critical that the individual and significant others be able to put the results to use. Request a *feedback* session. In the feedback session,

- Ask questions about how daily life is affected because of the brain injury. List specific activities as examples: work, school, relationship roles, ability to be safe alone, etc.
- If the neuropsychologist uses terminology that you do not understand, ask for an explanation. Feel free to remind the neuropsychologist that terms that may be familiar to him or her are brand new to you.

- Don't hesitate to ask as many questions as needed.
- Take notes or record the conversation.
- Ask for a recommendation about if and when the assessment should be done again. Especially during the first two or three years after TBI, repeat evaluations can be helpful to identify emerging strengths, persistent deficits, and changing needs.
- Ask for a referral to a treatment program or counselor who can help the person (with the involvement of significant others) learn to compensate for changed abilities, learn new ways of doing things, change their environment to make challenging activities easier, and adjust emotionally to these changes.

With this information, many individuals and family members discover their own new ways of doing things. It may be beneficial to join a support group for people who have brain injuries and their families. Learning from others who have *been there* can be a valuable experience.

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