

Process of a neuropsychological assessment

Gather information

- Review of information provided by referrer and if possible review of medical records
- Interview with client and his/her relative or carer
 - A lot of the data lies in the history and social functioning rather than the psychometric test results per se.

Test selection

- Purpose of assessment?
- Screening test?
- Which measure is appropriate for my client?
- Fixed vs flexible battery?

Test administration and scoring

- Awareness of standardisation procedures
- Awareness of scoring principles



Interpretation

- What do the test results mean?
- Do they fit in with history information?
- How do they compare with normative data?
- How do they compare with performance on other tests?

Report writing

- Clearly presented, organised structure
- Appropriate to the reader
- Recommendations

Feedback

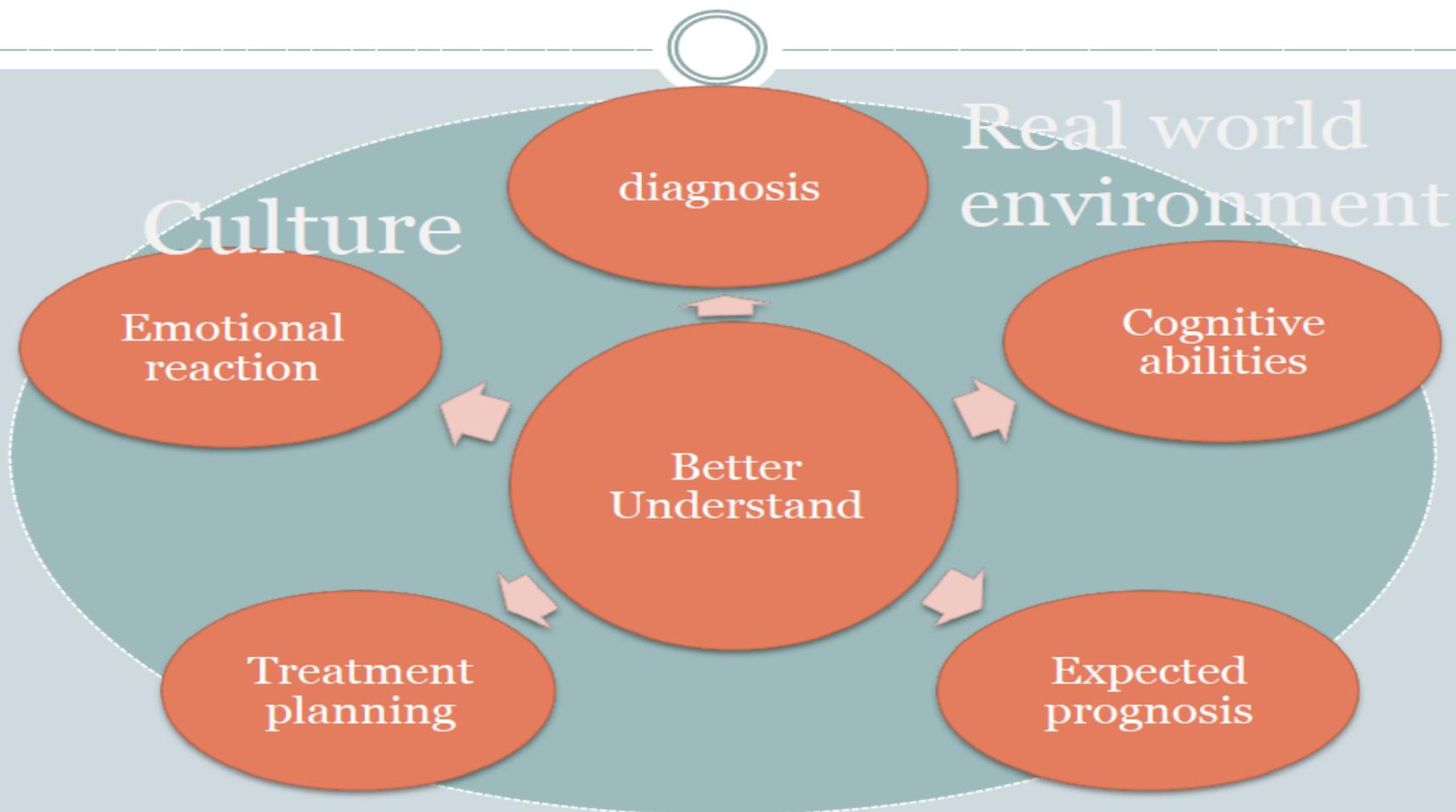
- **Review and clarify test results**
- **Reporting findings in a sensitive manner, responding to reactions**
- **Part of the intervention process**



What makes a good feedback session?

- ▶ Discussion
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An effective feedback sessions allows:





Purpose of feedback session

- Review and clarify test results
- To acquire any additional information of relevance to the assessment process
- To educate the client and family about their condition
- When done correctly, is a 'psychotherapeutic moment' and an intervention in itself.
- Often first part of intervention program; setting stage for subsequent activities such as learning compensatory strategies, making vocational changes and appropriate goal setting
- Can be an opportunity to establish a framework of understanding of neurological disability, within which to set treatment recommendations and to build on during rehabilitation



Feedback planning from initial assessment

- ▶ The foundation for a successful feedback session begins from the initial point of contact, by making specific attempts to build rapport
- ▶ At the clinical interview simultaneously track and gather information for interpretation and to facilitate feedback
- ▶ Importance of empathy
- ▶ Clarify referral questions (clarify patients specific questions and goals for assessment)
- ▶ Understanding preconceptions (what is client's/family's understanding of problems? i.e. 'just lazy' etc)



Preparing for a feedback session

- Consider timing of feedback and production of report
- Prior to the feedback session, consider:
 - Who will be present at feedback session?
 - How are they likely to respond to your findings and conclusions

Opening a Feedback session



Gathering
more
information;
solidifying
formulations

Re-
establishing
rapport

Re-orienting
the patient
and family





Protocols for the feedback session

- Re-establishing rapport
- Reorienting patient and family (i.e. review purpose of assessment), encouraging collaborative approach
- Gathering more information and solidifying formulation (i.e. gather information about how they felt they did at tests)
- Be flexible
- Leading with the 'bottom line'
- Sharing the data (describing strengths and weaknesses in each of the cognitive domains)

From 'Feedback that Sticks' Postal and Armstrong



Feedback session

- ▶ Test results summarised briefly and explained in easily understood terms
- ▶ Be explicit and use examples (i.e. from testing session or from self or family reports)
- ▶ Conclusions reached
- ▶ Recommendations
- ▶ Time for questions
- ▶ Most clients only retain a small proportion of information given during a single feedback session, therefore helpful to provide additional written materials
- ▶ Need to be able to communicate clearly, and also observe how people are responding to the information so that you can modify your approach if necessary



Potential pitfalls in giving feedback and possible solutions (1)

- Limitations in predicting functional abilities from neuropsychological data may decrease the usefulness of the information for patients and families
 - Therefore conduct feedback sessions with an interactive, collaborative fashion in which the functional importance of findings can be further explored with clients and family members
- Patients and family members level of acceptance of the neuropsychological impairment may limit their ability to accept feedback
 - Therefore try to estimate clients level of emotional acceptance, and look for signs that the client may be having trouble with acceptance during feedback



George

George (?cerebellar affective disorder).

George doesn't think there is anything wrong with him. He has noticed physical improvements. Sees himself as very intelligent and capable, and can do things better than other people (i.e. workmen, gardener, wife).

Brief assessment (WASI-II; Hayling and Brixton; RBANS)

WASI-II – Average range for all subtest

Hayling – Impaired range

Brixton- Abnormal range

RBANS – Immediate memory – Borderline; Visuospatial/Constructional – Average; Language – High Average; Attention – Average; Delayed memory – Low Average

- Who would you want at the feedback session? What if George refuse to invite anyone?
- What might the challenges of feedback be?
- How might you address these challenges.



References

- ▶ Postal, K. and Armstrong, K. (2013): Feedback that Sticks: The art of effectively communicating neuropsychological assessment results. Oxford University Press