

Preface

I had a wonderful experience during the Society for Personality Assessment Annual Convention in Spring 2006. About 6 months prior, while starting up the study, Effects of Cognitive Test Feedback on Patient Adherence, on a whim I decided to email Dr. Stephen Finn and ask him what he had been doing with Therapeutic Assessment recently and if he knew of any applications to neuropsychology. Up to that point, I had completed a feasibility study examining cognitive test feedback outcomes and was in the process of beginning a more formal pilot study. My experiences of sending such emails to other professionals were mixed at best, usually responded to with little interest or no response at all. However, Stephen Finn's response to me was enthusiastic and welcoming, and it was then that he helped me get in touch with Dr. Steven Smith at U.C. Santa Barbara and Dr. Diane Engelman at the Center for Collaborative Psychology and Psychiatry in Sonoma, California. From there we began a series of email communications that led to our first presentation at the Society for Personality Assessment in 2006, with Stephen Finn as our discussant. It was during that convention that Stephen said something to me that has been a consistent motivator in my life. He said, and I'm paraphrasing, that we (Steve Smith, Diane, and I) are where he and Connie (referring to Dr. Constance Fischer from Duquesne University) were about 20 years ago. Given the huge impact Therapeutic and Collaborative Psychological Assessment has had on the field, I considered that a major compliment. From that point, we have continually worked to develop and crystallize collaborative neuropsychological assessment methods.

Another story relates to how we came up with the name, Collaborative Therapeutic Neuropsychological Assessment. During our preparations for the first presentation in San Diego, Steve Smith and I had been going back and forth about what we should call ourselves. Steve was inclined toward Collaborative Neuropsychological Assessment while I was inclined toward Therapeutic Neuropsychological Assessment. It was Diane who chimed in and in her gentle and wise way, emailed both of us and said, "Thank you both for your efforts with thoughtful wording and sensitivity to the various aspects of *collaborative therapeutic neuropsychological assessment* and our working together as a team." (Personal Communication, September 22, 2005). The name stuck.

From that point on, CTNA has garnished support from members of the Society for Personality Assessment, the Pennsylvania Psychological Association, and neuropsychologists who have requested information about the work via personal communications and listserve correspondence. However, all of us realize that we are doing something different, innovative, and outside the mainstream of neuropsychology. This despite the fact that authors have been saying for 20 years or more that a neuropsychological assessment and feedback method is important and necessary. However, to date, no solid conceptual framework or model has been developed. We hope to fill this gap with CTNA and encourage others to read our work, use, and adapt it to their own needs and investigate its effects on patient satisfaction and outcomes.

We welcome all those who are interested in collaborative and patient-centered assessment and feedback methods to read and use this book in their own practice or research. We would caution that this book will not discuss basic methods of neuropsychological assessment interviewing, testing, and interpretation. It is assumed that readers will be well versed in these methods, and there are many other authoritative books describing these techniques and theories. Thus, the language in this book is used under the assumption that the reader understands neuropsychological assessment terminology and is familiar with various types of neuropsychological assessment cases. Readers who are less experienced in these areas may find some cases and terminology confusing and are referred to review references in neuropsychological assessment methods and cases provided at the end of the book.

One final note regarding the case studies interspersed throughout the book. Each of these cases represent actual patient experiences with important identifying information and details omitted or significantly modified to protect confidentiality. In some cases, the clinical information represents an amalgamation of similar patient cases; therefore, similarities to an actual person known to the reader is most likely coincidence or simply a reflection of common human experiences.

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