Chapter 8
Final Thoughts

As discussed earlier in this book, CTNA challenges practitioners of neuropsychology to broaden the scope of their roles in the assessment process. One of the greatest challenges for the practitioner is the ability to relinquish some level of control of the assessment and feedback process. CTNA empowers patients by making them collaborators and co-interpreters of the assessment results. In addition, they are further empowered to determine the nature and course of outcomes resulting from the assessment. Such a method requires that patients be seen as on an equal footing with the assessor and that their opinions and ideas are of equal importance in determining how to use the neuropsychological information.

Now, someone reading this might be thinking, "So we're supposed to basically give them the information and let them run with it?" The answer to that is, of course, no. That would not be a good practice and would likely be unethical. Any collaborative approach requires finding a delicate balance between using our knowledge, skills, and expertise yet at the same time partnering with patients in a way that views them as experts on themselves. The sets of skills required to create such an atmosphere are not developed by reading a book. Therefore, we have provided some recommendations for learning CTNA skills. These recommendations are for those who have already learned the required skills for conducting and interpreting neuropsychological assessments. Suggested guidelines are put forth from the Houston Conference on Specialty Education and Training in Clinical Neuropsychology (see the American Academy of Clinical Neuropsychology, www.theaacn.org.)

The recommendations presented below are for learning the therapeutic verbal skills of a CTNA session.

1. Read the literature on therapeutic/individualized psychological assessment, specifically the work of Dr. Stephen Finn and Dr. Constance Fischer. References for relevant writings can be found at the end of this book. Their work provides the base from which CTNA methods build.
2. Read the literature on motivational interviewing (MI). It would be highly recommended to read Dr. William Miller and Dr. Steve Rollnick's *Motivational Interviewing: Preparing People to Change*. Additionally, review the MI

website www.motivationalinterview.org. There you will find numerous MI resources. Specifically, you can find the MI bibliography, which includes relevant literature from 1983 to current. On the website, you can also find links to MI learning tools such as their videotape series that reviews all the components of an MI session including special applications in health care.

3. Consider taking a workshop on therapeutic assessment. The annual convention of the Society for Personality Assessment includes numerous seminars and workshops on therapeutic assessment. You can view their website www.personality.org. Also please see Dr. Finn's book *In Our Clients' Shoes: Theory and Techniques of Therapeutic Assessment* for a review of therapeutic assessment methods and suggestions for learning.

4. It would be highly recommended to take at least two workshops on MI principles and methods. In my own (Dr. Gorske's) experience, there are some specific recommendations for learning MI. First would be to take a 2-day basic workshop in order to learn the principles and skills. Next, I would recommend practicing MI skills under the supervision of a MINT trainer. A MINT trainer is a professional who has successfully completed a "Train the Trainer" course in MI. On the MI website, there is a training link that includes names and locations of MINT trainers throughout the world. Next, I would recommend attending a more advanced MI workshop that allows for further structured practice. Finally, I would recommend continual ongoing supervision, including audio or videotape analysis, with a MINT trainer. These are my own (Dr. Gorske's) recommendations based on my own experience as a MINT trainer having trained hundreds of professionals in MI. For further information on suggested MI training methods please see Yahne, Miller, Moyers, and Pirritano (2004).

Finally, it is our sincere hope that readers find this information useful and will consider learning CTNA methods and adopt them in their own clinical practice, teaching, or research. As previously stated, we see CTNA methods as an adjunct to standard neuropsychological testing and assessment methods. We plan to continue using and modifying these methods in our own work and hope others will do the same. In doing so, we would appreciate any opportunities for communication and collaboration as we seek to develop and expand CTNA.