

TEST REVIEW

Neuropsychological Screening Exam. John Preston, The Wilmington Collection, Dallas, Texas, 1983. \$45.00 with 25 background forms, 25 examination records, 25 patient response records, one set of stimulus cards and instructional tape in a storage album. *Neuropsychological Status Examination.* Psychological Assessment Resources, Inc., Odessa, Florida, 1983. \$10.85 with manual and 25 forms.

With increasing interest in neuropsychological assessment, it comes as no surprise that psychological test publishers are making more neuropsychological instruments available to the practitioner. In 1983, Wilmington Press and Psychological Assessment Resources each published neuropsychological screening examinations. While the two examinations are basically structured methods of obtaining neuropsychological information, they differ considerably in specific ways.

According to Preston (1983), the *Neuropsychological Screening Exam* is a "relative brief (40-60' to administer; 10' to score) screening instrument which can provide considerable diagnostic information." While the *Screening Exam* could be used as a supplement to traditional psychometric testing, it can also serve as a brief screening device for diagnostic and treatment purposes. The exam should be used, according to the author, when extensive neuropsychological batteries are not practical or cost effective. Although not indicated in the Wilmington Press catalog, several additional supplies are needed to complete the screening examination. These include pencils, an empty ballpoint pen, white typing paper, Reitan's test manual, the Trail Making Test (Parts A & B), and the Seashore Rhythm Test (the Finger Oscillation Test is optional).

Prior to administering the *Screening Exam*, the client or a significant other is asked to complete the Background Information Record. In addition to complete demographic information, clients provide specific information about their medical, developmental, neuropsychological, pharmaceutical, occupational, and educational histories. According to Preston, this type of information normally would not have been elicited in an unstructured interview and is critical in guiding the neuropsychological evaluation. The *Screening Exam* is divided into two main sections. The information gathering section, while constituting the main focus of the exam, is further subdivided into seven categories: level of consciousness, overt behavioral abnormalities, emotional status, verbal functions, memory tests, higher cognitive function, specific tests (mostly motor), and a section to include the results from additional neuropsychological tests. The emphasis is placed on verbal functions (primarily expressive speech and writing), memory (essentially short-term language and numerical recall), and higher cognitive functions (both interpretation and comprehension of speech). The section on clinical impression amounts to spaces provided for completion of a general impression, specific impairments, and recommendations.

Although the exam is self explanatory, it is accompanied by a lengthy cassette tape detailing directions for administration and interpretation. The directions are extensive and could nearly serve as an initial lecture or presenta-

tion on neuropsychological evaluation. For the experienced professional, most of the information is quite basic, but for the unexperienced neuropsychologist, the information might be useful. Specific scoring criteria are provided for all items and quantitative and qualitative analyses are suggested. However, it is unclear how the cut-offs and the specific scoring criteria were developed. Regarding interpretation, a three tier theoretical approach (similar to that of Luria) is offered by Preston as a guide to understanding strengths and weaknesses of current neuropsychological functioning. Additionally, suggestions are provided that enable the clinician to quickly convert exam information to an assessment report.

In contrast to the more psychometrically oriented *Neuropsychological Screening Exam*, Psychological Assessment's *Neuropsychological Status Examination* (1983a) is similar to Melendez's *Adult Neuropsychological Questionnaire* (1978) in that it resembles a structured interview. According to the publishers, the *Neuropsychological Status Examination* is a "comprehensive status exam which organizes and collates all data required in the completion of a neuropsychological evaluation" (Psychological Assessment Resources, p. 5, 1983b). Additionally, the exam was developed as a device to enable the clinician to translate clinical and testing results quickly into a report. Finally, the publisher suggests that the instrument allows for the development of a "careful and well-detailed account of . . . professional interaction," presumably for forensic applications.

As with the *Neuropsychological Screening Exam*, the *Status Examination* contains a separate record for the client or a significant other to provide their "health and health habits." In addition to basic demographic and medical history, the *Neuropsychological Symptom Checklist* assesses general neuropsychological status using approximately 100 items. Items on the checklist cover sensory and motor functions, headaches, pain, cognition, emotion, and exposure to environmental hazards. Appropriate items are checked by the client, and are followed with questioning by the clinician. Approximately one-third of each page is sectioned off and designated as "doctor's notes." The exam itself is divided into several main categories. Thorough demographic information is obtained prior to documenting referral source and tentative findings. An entire page is devoted to premorbid status with special focus on educational history. The next three sections of the exam focus on interactions with and observations of the client. Whereas the physical assessment section centers on overt behavioral abnormalities, the emotional and cognitive sections require more subjective interpretation of patients' behavior. Since it appears that the *Status Exam* is a more structured method of gathering neuropsychological information than a psychometric tool, the next two sections allow for transcribing of essential neuropsychological test results. The *Status Exam* ends with sections on diagnosis, patient functioning, and treatment recommendations. Unlike the *Neuropsychological Screening Exam*, the *Status Exam* relies on a manual (rather than a cassette tape) to provide basic guidelines for completing and interpreting the records. Additionally, excluding any tests used by the clinician, the *Status Exam* does not require the purchase or use of any specific neuropsy-

chological tests. Although not indicated, the exam appears to take 30 to 60 minutes to complete in addition to any special neuropsychological testing.

In numerous respects, the *Neuropsychological Screening Exam* and the *Neuropsychological Status Exam* are quite different. Clearly, the former attempts to gather information using psychometric methods of assessment. It contains more specific documentation and tends to favor the use of simple Lurian tasks. Nevertheless, one seriously questions the use of the *Screening Exam* as a psychometric instrument. For example, the author provides specific cut-off scores and interpretations of those scores in several of the tests although it is unclear how the tests or the cutoffs were derived. In reviewing the *Standards for Educational and Psychological Tests and Manuals* (American Psychological Association, 1974), it appears that this exam is truly not objective and, as yet, cannot be classified as a psychometric tool. On the other hand, Preston is to be applauded for his use of Luria/Christenson methods (see Christenson, 1975). If Preston's intentions were to construct a psychometric tool, he appears to fall short of the mark. If his intention was to encourage the clinician to subjectively explore brain functioning, he is on the right track. In either case, the specific role of the exam needs to be clarified further and, thus, at this stage of its development, the *Neuropsychological Screening Exam* remains an undefined entity for the neuropsychologist.

While the *Neuropsychological Status Exam* is never presented as a psychometric device, the publishers do suggest that it is a "comprehensive status exam." Unfortunately, the exam is only a method of organizing and collating neuropsychological information. While the choices of items appears at times whimsical, most important behaviors associated with neural impairment are covered. The success and usefulness of the exam, nevertheless, hinges on the results of actual neuropsychological testing. Thus, the contribution of this exam is limited to being a general guide for conducting a neuropsychological exam.

An interesting similarity between the two exams, is the apparent lack of consideration for the comments made by Dean on Melendez's *Neuropsychological Questionnaire* (1982). Clearly, all of Dean's previous observations appear to apply in these cases as well. These include the method of choosing items as well as interpretive statements. In addition to Dean's observations, Reynolds (1982) has also recently reported several persistent problems with assess-

ment in clinical neuropsychology all of which have been ignored in these two cases. To illustrate, it is worthwhile quoting from page one of the *Neuropsychological Status Examination Manual*, (Psychological Assessment Resources, 1983); "Psychologists have seen a substantial change in their clinical practice over the past several years. Not only has the arena in which psychologists demonstrate their skills broadened, encompassing substantive involvement in virtually all areas of health care, but the significance of the psychologist's professional judgment has reached new levels of acceptance by the public and peers in health professions. Consistent with these changes, the psychologist's professional endeavors are now subject to greater accountability."

One wonders whether we heed our own recommendations. Unless consideration is quickly given to these issues (beyond simply stating them in a manual) how long before clinical neuropsychology becomes this century's new phrenology?

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On Saturday, September 22, 1984, the Philadelphia Clinical Neuropsychology Group will present its fourth symposium—*Current Status of Cognitive Remediation*. This all day symposium will be conducted by Professor Yehuda Ben-Yishay. Professor Yishay is widely known as a pioneer in this vital area of rehabilitation. For further information please contact David Sands, Ph.D., c/o Medical College of PA, 3300 Henry Avenue and Abbottsford Road, Philadelphia, PA 19129 (phone: 215-842-4450) or Francis R.J. Fields, Ph.D., Psychology Service (116B), VA Medical Center, Lebanon, PA 17042 (phone: 717-272-6621, Ext. 383).