Preface

Neuropsychological assessment has changed dramatically over the last half of the 20th century, continuing into the 21st century. These changes have occurred for a number of reasons, including scientific and technological progress in neurobiology, particularly in the area of neuroimaging and development of new neuropsychological assessment methods. However, another reason, and the one that stimulated the writing of this book, is the appearance of new syndromes and substantial rethinking about many syndromes that already existed. Individuals engaged in the practice of clinical neuropsychology since the earlier part of the 20th century have in recent years been likely to receive referrals for evaluation of disorders that did not exist when they began their careers. It is now not uncommon for neuropsychologists to receive referrals for testing such conditions as autoimmune deficiency syndrome (HIV-AIDS), multiple chemical sensitivities, chronic fatigue syndrome, exposure to potential neurotoxins such as depleted uranium, war-related injuries, and developmental disorders associated with neurotoxicity transmitted by mothers during pregnancy. It is now common to provide cognitive assessments for children with autism, which was originally considered to be an emotional disorder. While the traditional disorders such as stroke, brain trauma, multiple sclerosis, the dementing disorders, and learning disabilities continue to be evaluated, neuropsychologists in many settings are often asked to evaluate these new and newly conceptualized disorders if they have neurobehavioral consequences. Furthermore, disorders such as autism and schizophrenia that were typically evaluated within a psychopathological framework are now viewed as cognitive brain disorders that may benefit from neuropsychological assessment. The “biological revolution” in psychiatry, as well as providing a focus on behavior in neurology, has contributed substantially to these changes.

In determining the content of this book, three considerations were made. The first was a question concerning the major new neurobehavioral disorders. What syndromes exist now that did not exist before the beginning of the 20th century? One answer that occurred to us was exposure to toxic agents that did not exist before the 20th century. New organisms evolve that may produce harm in the form of infection, and new substances may be created by humans that have neurotoxic effects. The AIDS and Legionella viruses may be examples of the first possibility, and depleted uranium and organophosphates are examples of the second. There are also disorders that simply appear or begin to be diagnosed for no apparent reason. It is not clear whether autism existed before the 20th century or whether it was simply recognized.
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