I. PRE-TEST ISSUES (DOMAIN I…20%)

A. Review of records: Questions to ask
   1. Demographics (e.g. age, gender, ethnicity and primary language, handedness, education)
   2. Nature of pathology (e.g. site of injury, date of onset, severity, reported symptoms and difficulties)
   3. Premorbid physical or psychological issues (e.g. disabilities, mental illness, alcohol or substance abuse)
   4. Has examinee been tested previously? How recently? What tests were used? (Consider whether valid to re-test; what alternative tests to use if necessary.)
   5. Stressors, acute and chronic (e.g. fire, flood, death of loved one, divorce) that could call score-validity into question

B. Testing environment
   1. What are the general standards for the testing environment?
   2. What accommodations/modifications may be needed: What tests cannot be used? What changes need to be made to the testing environment and/or procedures? Consider the following as some of the modifying variables you might encounter.
      - Agitated
      - Aphasic / dysphasic (receptive or expressive)
      - Aggressive
      - Color blindness / color deficiency
      - Impaired mobility (use of wheelchair, walker, hemiplegia, casts and slings, neck brace, etc.)
      - Impulsive
      - Incarcerated or on a locked psychiatric unit
      - Pain
      - Presence of interpreter or third-party observer
      - Resistant to testing
      - Sensory impairment: vision, hearing, touch
      - Sensory sensitivity
3. Review test materials: Be familiar with protocols and manuals (with special emphasis on Wechsler scales). Which tests can interfere with one another?
4. Are there considerations that can effect your or the examinee’s safety?

C. Neurocognitive / Neuropsychological concepts. Working in the field of brain-behavior relationships requires us to understand some basic concepts. Knowing these can be important to your test administration, your observations, as well as your safety and that of your examinee. As examples, consider the following:
   1. Anhedonia
   2. Aneurysm
   3. Apraxia / dyspraxia
   4. Arteriovenous malformation (AVM)
   5. Aura
   6. Basal and ceiling
   7. Bilateral / unilateral
   8. Bradykinesia
   9. Circumlocution
  10. Confabulation
  11. Coup-contracoup
  12. Embolism
  13. Executive functions
  14. Halo effect
  15. Ideational praxis
  16. Intrusion
  17. Lateraled
  18. Long-term memory (LTM)
  19. Malingering
  20. Micrographia
  21. Neologism
  22. Perseveration
  23. Practice effect
  24. Premorbid
  25. Prosody
  26. Recency / primacy effect
  27. Response latency
  28. Semantic / serial clustering
  29. Seizures: grand mal / generalized tonic-clonic (GTC), partial, partial complex, petit mal (absence)
  30. Set maintainance / set loss
  31. Short-term memory
  32. Telegraphic speech
  33. Testing the limits
  34. Traumatic brain injury (TBI)
  35. Tremor (resting and intention)
  36. Thrombosis
  37. Universal precautions
D. The presentation of examinees with various illnesses / injuries / impairments (i.e. the ecological validity of presenting symptoms). Consider the following as examples:

1. Attention Deficit Disorder / Attention Deficit Hyperactivity Disorder (ADD/ADHD)
2. Agraphia / dysgraphia
3. Akinesia / dyskinesia
4. Alzheimer’s disease
5. Amnesia (e.g. anterograde, retrograde, global)
6. Aphasia / dysphasia
7. Asperger’s syndrome
8. Ataxia
9. Autism
10. Cerebral palsy
11. Cerebrovascular accident (CVA)
12. Dementia
13. Dysarthria
14. Dyslexia
15. Dysnomia
16. Down’s Syndrome
17. Embolism
18. Encephalopathy
19. Epilepsy
20. Hemianopsia / Hemianopia
21. Hemiparesis
22. Hydrocephalus
23. Ischemia
24. Korsakoff’s Syndrome
25. Learning disability
26. Lesions: left hemisphere, right hemisphere, frontal lobes, occipital lobe, parietal lobes, temporal lobes, cerebellum, brain stem, hippocampus
27. Malingering
28. Mental retardation
29. Multiple sclerosis
30. Organic Brain Syndrome (OBS)
31. Orthopedic injury
32. Parkinsonism
33. Shaken Baby Syndrome (SBS)
34. Substance abuse
35. Sundown Syndrome
36. Tardive dyskinesia
37. Toxin exposure
38. Traumatic brain injury (TBI)
39. Tremor: resting, intention, high and low frequency
40. Visual disturbances (e.g. diplopia, acuity, field cut)
E. Explanation of testing / evaluation to examinee (In the event that the examinee raises questions or concerns, you should have some awareness of the following issues and the extent to which you can address them.)

1. Purpose of testing
2. Informed consent
3. How information will be used
4. Confidentiality
5. If / how feedback will be provided
6. Explanation of testing procedures
7. Discussion of effort
8. Release of information to family, companions, third-party payers, court and attorneys, etc.
9. Effect of third party observers
10. Working with interpreters and 3rd party observers

II. TEST ADMINISTRATION (DOMAIN II…55%)

A. List of tests to know (i.e. quantitative data). We recommend some familiarity with all versions of the following tests and any others listed in the Handbook as the basic prerequisites for taking the CSPE. Special emphasis, however, will be on currently used versions. Be aware that you might be required to recognize a test by its acronym, that specific versions of a test could be specified in the exam, and that tests other than those on these lists could be mentioned in the CSPE.

1. Aphasia Screening Test (AST)
2. Bayley Scales of Infant Development
3. Beck Anxiety Inventory (BAI)
4. Beck Depression Inventory (BDI)
5. Booklet Category Test (BCT) and Category Test (CT)
6. Boston Naming Test (BNT)
7. California Verbal Learning Test (CVLT-A)
8. California Verbal Learning Test – Children (CVLT-C)
9. Child Behavior Checklist (CBC) (aka Achenbach)
10. Continuous Performance Test (CPT)
11. Controlled Oral Word Association Test (COWAT)
12. Delis-Kaplan Executive Functioning Scales (DKEFS)
13. Dementia Rating Scale (DRS)
14. Dot Counting Test (DCT)
15. Geriatric Depression Scale (GDS)
16. Grip Strength (Dynamometer)
17. Grooved Pegboard Test (GPT)
18. Halstead-Reitan Neuropsychological Test Battery (HRB) – Adult, Older Children, Younger Children

• Finger Tapping Test
• Lateral Dominance Test
• Seashore Rhythm Test
• Speech Sounds Perception Test
• Tactile Form Recognition Test (TFR)
• Tactual Performance Test (TPT)
19. Hooper Visual Organization Test (HVOT)
20. Judgment of Line Orientation Test (JOLO)
21. Memorization of 15 Items (aka Rey 15 Item, RMT)
22. Millon Clinical Multiaxial Inventory III (MCMI-III)
23. Mini Mental Status Exam (MMSE)
24. Minnesota Multiphasic Personality Inventory (MMPI)
25. Minnesota Multiphasic Personality Inventory – Adolescent (MMPI-A)
27. Paced Auditory Serial Addition Test (PASAT)
28. Peabody Picture Vocabulary Test (PPVT)
29. Personality Assessment Inventory (PAI)
30. Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)
31. Rey Auditory Verbal Learning Test (RAVLT)
32. Rey Complex Figure Test (RCFT) – including Taylor version
33. Selective Reminding Test (SRT)
34. State-Trait Anxiety Inventory (STAI)
35. Stroop Tests (the Golden, Trennery, Dodrill, and DKEFS versions)
36. Symbol Digit Modalities Test (SDMT)
37. Test of Memory Malingering (TOMM)
38. Token Test
39. Trail Making Test (TMT) – adult and intermediate
40. Vineland Adaptive Behavior Scales (VABS)
41. Wechsler Abbreviated Scale of Intelligence (WASI)
42. Wechsler Adult Intelligence Scales III & IV (WAIS)
43. Wechsler Intelligence Scales for Children III & IV (WISC)
44. Wechsler Memory Scale (WMS)
45. Wechsler Test of Adult Reading (WTAR)
46. Wide Range Achievement Test (WRAT)
47. Wide Range Assessment of Memory and Learning (WRAML)
48. Wisconsin Card Sorting Test (WCST)
49. Word Memory Test (WMT)

B. Commonly used abbreviations (DK, NR, Q, WNL, Sx, Tx, Pt, etc.)

C. Categories of tests
1. Attention / concentration
2. Memory
3. Perception
4. Motor
5. Integration (visuomotor, oral-motor, sensory-motor)
6. Language
7. Executive functions
8. Abstracting
9. Intelligence
10. Academic achievement
11. Personality
12. Aptitude
13. Effort

D. Neuroanatomy (specific to brain-damage effects upon testing)
   1. Hemispheres of the brain and their gross functioning
      • Left
      • Right
   2. Lobes of the brain and their gross functioning
      • Frontal (left and right)
      • Temporal (left and right)
      • Parietal (left and right)
      • Occipital
      • Cerebellum
3. Brain Stem
4. Corpus Callosum
5. Ventricles
6. Limbic system
7. Hippocampus
8. Thalamus

E. Behavioral Observations (i.e. qualitative data)
   1. Descriptive vs. interpretive
   2. Structured vs. narrative
   3. Formal use will require some form of Likert scale or rating system
   4. Accurate informal notations will assist the Neuropsychologist to analyze and support quantitative data. Providing an example can be helpful especially if you’re unfamiliar with the terminology. You should, however, familiarize yourself with terms and categories such as the following:
      • Ability to understand directions
      • Affect: range and appropriateness
      • Ambulation / gait
      • Apathy
      • Appearance: dress and grooming
      • Attention / concentration
      • Auditory comprehension
      • Bradykinesia
      • Circumlocution
      • Color awareness and/or deficiency
      • Column misalignment
      • Concrete
      • Confabulation
      • Delusions
      • Depressed affect
• Distractible
• Echolalia
• Effort and level of cooperation
• Encouragement: amount needed
• Effect of premorbid conditions on current test session
• Emotional control (i.e. lability)
• Emotional blunting
• Error usage
• Extraneous motor activity
• Extrapyramidal symptoms
• Eye contact
• Fatigability / stamina
• Frustration tolerance
• Hallucinations
• Handedness
• Hemineglect / inattention
• Histrionic
• Hostile vs. friendly
• Hypomania
• Impulsivity
• Inhibition / dishibition
• Intrusion
• Irritable
• Lateralized motor signs
• Letter-number reversals / transposing
• Maintaining / losing set
• Mania
• Mood vs. affect (e.g. flat, stable, full range, congruent)
• Need for repetition
• Neologisms
• Overall affect
• Paranoia
• Pencil grasp
• Performance anxiety
• Perseveration
• Persistence
• Phonetic skill
• Practice effect
• Response latency
• Safety of examinee or examiner
• Shifting ability
• Shy or outgoing
• Spatial disorientation
• Spatial neglect
• Speech: fluent, concrete, pressured, tangential, confabulatory, spontaneous conversation, telegraphic (mostly nouns, lacks small functional words), increased or decreased output, lack of prosody
• Social appropriateness
• Stimulus bound
• Suspiciousness / overly cautious
• Thought content: disorganized vs. cohesive
• Thought process (e.g. tangential, obsessive)
• Tremors (while resting or during action)
• Use of assistive devices (e.g. hearing aids, glasses, augmentative communication)
• Validity of testing
• Visual tracking
• Word finding difficulties (WFD)

III. POST TEST (DOMAIN III…20%)  
A. **Common standardized scoring:** You will need to be familiar with standardized methods of reporting scores, with understanding how the normative scores relate to one another, with their individual means, standard deviations and ranges. Consider the following terms as possibilities:
1. Z-score
2. Percentile
3. T-score
4. Stanine / sten
5. Deviation IQ
6. Mean, mode, median
7. Normal distribution

B. **Terminology** (Consider these as examples.)
1. Criterion referenced test
2. Errors of omission, commission
3. False positive / False negative
4. Interference task
5. Likert Scale
6. Mean, median, mode
7. Measurement error
8. Normal Curve / Bell Curve
9. Pattern analysis
10. Percentile Score
11. Regression to the mean
12. Reliability
13. Sensitivity
14. Skewed distribution
15. Specificity
16. Standard Deviation (SD)
17. Standard Distribution
18. Standard error of measurement
19. Standardization
20. Stanine
21. Validity
   • Face validity
   • Predictive validity
   • Ecological validity
   • Construct validity
22. Variables: dependent and independent

IV. ETHICAL / PROFESSIONAL / LEGAL ISSUES (DOMAIN IV … 5%)
Consider the following as examples of the areas of information that the CSPE might cover:

A. Decisions regarding ethical standards
   1. Ethical vs. legal
   2. Standards vs. restrictions
   3. Procedures and process

B. Ethical standards
   1. CSP, APA, NAN, NAP, ACA, NBCC
   2. Purpose of licensure and certification
   3. Dual relationships
   4. Answering examinee’s questions
   5. Release of Information (ROI) / Disclosures
   6. Psychometrist supervision
   7. Professional limitations

C. Patient confidentiality
   1. Informed consent
      • Duration and purpose of testing
      • Right to decline or withdraw and possible consequences thereof
      • Potential risks and benefits
      • Disclosure to third parties
      • Right to access results and data
      • Time constraints for release of information
      • Record retention
   2. Regulations can vary by setting
      • Clinical
      • Research
      • Forensic
      • Rehabilitation (acute, long-term and community)
      • Child assessment (e.g. age of consent, custodial parent, guardianship, school assessment)
      • Older Adults
• Psychiatric units
• Private practice
• Military
• Educational
• Vocational

3. Confidentiality can sometimes be breached without signed consent of the examinee:
   • Court order / forensic evaluations / workman’s compensation
   • To the parent or legal guardian of a minor
   • Suspected abuse of child or vulnerable adult
   • Peer review, accreditation, quality assurance
   • Clear and imminent danger to self or others
   • Third-party payers

D. Terminology that could appear on the CSPE
   1. Protected Health Information (PHI)
   2. Institutional Review Board (IRB)
   3. Health Insurance Portability and Accountability Act (HIPAA)

E. Test security
   1. Standards for administering, scoring, and interpreting
   2. Copyright standards
   3. Third-party observers
   4. Use of computerized testing and scoring programs
   5. Storing and archiving of data
References

BOOKS

A good Dictionary of Neuropsychology: try Goodwin, Loring & Meador, or Vandenbos

American Psychiatric Association (2000). *Diagnostic and Statistical Manual-IV-TR*


Lezak, M. *Neuropsychological Assessment*. Oxford NY: Oxford University Press


**WEBSITES**


www.hhs.gov/ocr/privacysummary.pdf: HIPAA Guidelines

www.napnet.org: Listserv


www.merck.com (search: traumatic brain injury)

www.brainexplorer.org/brain/atlas

www.brainsource.com/neuropsy.htm

* A NOTE ABOUT WEBSITES: Make certain that the information you are searching is intended for use by professionals.
WEBSITES for stress management and studying techniques

www.helpguide.org/mental/stress_relief

www.workingwell.org.au/relaxation-techniques

http://health.yahoo.com

www.webmd.com/balance/stress-management

www.adavic.org/education

www.academictips.org.adprima.com/studyout.htm