Slouching Toward the Milennium: Some Survival Prescriptions for Neuropsychology

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The following address was given as the Distinguished Neuropsychologist Award Presentation and Acceptance Speech at the 15th annual conference of the National Academy of Neuropsychology, San Francisco, November 2, 1995. Substantive issues discussed include: (a) the threatened loss of the clinical in clinical neuropsychology; (b) post-doctoral training and job market dilemmas in 1995; (c) proficiency versus specialty status for neuropsychology; (d) the Battle of the Boards (ABCN, APBN); and (e) forensic neuropsychology, a cautionary note.

I don’t have a clue as to the composition of your awards committee who decide on the annual recipient for the very high honor you are paying me tonight, but you should really look into it. Grateful as I am for your kindness and generosity, I am well aware that I am not standing up here because of any intrinsic merit of my own. Rather, I have a sinking feeling that your award committee is composed largely of old postdocs of mine who nominated me not only because they lack the wit and energy to make more substantive clinical or research contributions to our field, but also because the only other name they know in neuropsychology is Phineas T. Gage.

An apology for the title of my comments tonight. I have confessed earlier and in print that I have trouble with speech rifles, and I do largely because my motives have always been unworthy, namely that one thinks up deliberately odd titles to assure some level of attendance at one’s conference session even if only by a lunatic fringe. An example is an INS paper on the neuropsychology of epilepsy (Matthews, 1992) which eventually was titled exactly that, but not without a long internal struggle not to call it “The Ghost in the Temporal Lobes: A Neo-Scholastic Philosophical Analysis of Diabolical Possession as an Epi-Phenomenon of Complex Partial Seizures as Explicated in the Writings of St. Thomas Aquinas.” As you can see from this, a very bad habit indeed.

The first part of the title for tonight’s talk, namely “Slouching Toward the Milennium” is a low level rip-off of a 1919 poem by the Irish writer W. B. Yeats titled, The Second Coming.
The poem ends with the famous lines: "And what rough Beast, its hour come round at last, slouches toward Bethlehem to be born." I am equally indebted to Yeats for some earlier lines in the same poem that say: "The falcon cannot hear the falconer; things fall apart. The center cannot hold. Mere anarchy is loosed upon the world."

I know full well it would be better had I shown you these lines from Yeats in a nice, big, bold print slide, but I have a deep-seated fear of using AV helpers of any kind. My neurosis in this matter dates back to my very first formal research presentation at a professional meeting, circa 1959. I had borrowed a Labelle projector from one of Dr. Ralph Reitan's wooden box category test set ups to show my slides. The projector jammed at the beginning of my talk, and thus deprived the audience of seeing the results of my first normative data study, and also forced me to act out the results section in pantomime, which was not easy given my nonspecific motor awkwardness and the complex nature of the data set. This study titled: "Foot Tapping Norms in the American Centipede" is as you all know, a neuropsychology classic, and is still hotly debated at podiatry conferences everywhere.

Yeats' assessment in his poem that things fall apart and the center does not hold and anarchy threatens us all at first hearing sounds badly overblown. But the moment we apply his assessment to the issues we now face as clinical neuropsychologists fighting for our professional identity and our very survival, then Yeat's assessment is not poetic overkill at all. We know the hard way that the center is not holding, that things do fall apart, and that anarchy, or its reasonable economic facsimile, has been loosed upon our particular professional world. There will be no additional comment on my speech title beyond dismissing the banal observation that people who use poems in their titles tend to be more secure in their literary than in their scientific pretentions, an assertion which in my own experience I have never found to be true.

What I want to do tonight is to at least point out some of the major minefields I believe we must traverse as we tiptoe our way to the millennium. These include:

1. The threat to the clinical component of our compound title of clinical neuropsychologists;
2. Issues in training, namely how many and for what purpose;
3. (and this is an obvious by-product and extension of number 2) The current and future job market for our trainees and for ourselves;
4. A very few comments on the subject of current issues of Neuropsychology as a proficiency versus a specialty, and a word or two on the so-called Battle of the Boards;
5. A brief excursion into the question of forensics as a Neuropsychology subspecialty area and our potential for overdependence upon the legal arena as a fiscal survival mechanism; and, finally,
6. (on what I hope will be a happier note) A few thoughts on dinosaurs and why we should all be grateful to them.

The first in this list of five major concerns is my dysphoria over what I see as a real possibility that we are gradually observing the erosion of the clinical in our traditional label of clinical neuropsychology. Each person in this room has his or her individual debt still to be paid in full to a special clinical mentor who, somewhere along the path of your clinical training as a psychologist, shaped your attitudes and outlook toward human behavior, its assessment and, as indicated, its amelioration.

My own special mentor and model as a clinician was a very old woman psychologist named Miss Burmeister, whom I described to some of you in a Division 40 talk a few years ago (Matthews, 1990). I told you about my adventures on my very first job as a psychologist in the summer of 1955 where Miss Burmeister and I roamed the western half of South Dakota, testing patients for possible commitment to the state insane asylum at Yankton or to
the State School for the Feeble Minded, in Redfield, as those institutions were so brutally labeled in the 1950s. I explained to you my problem using the Rorschach with the Indians I tested, all of whom stubbornly insisted that card X was a panorama depicting Custer’s last stand, how I scored their responses WCSF-Aggressive, confabulized, and how as the summer wore on, I became increasingly preoccupied with personal safety issues.

What did I learn from Miss Burmeister that first summer of my professional life about how to become a clinical psychologist? I can best tell you in a brief vignette I shared with some of you at APA in Toronto. We were on the Pine Ridge Indian Reservation in a Lakota summer camp. Miss Burmeister sat cross-legged (at age 80 plus) in the tent examining a 10-year-old boy and interviewing his parents in a mixture of English and Lakota. I was horrified by her unsystematic assessment techniques, trying out bits and pieces of this and that IQ battery on the child and eventually deciding that the child by conventional middle-class White norms would probably fall into a 50–60 IQ range. Armed with my recently acquired graduate school classification nomenclature, I gratuitously informed her that this meant the child was a moron, and let’s make our report and get out of this tent before the dogs destroy the rest of the Grace Arthur Performance test kit. Miss Burmeister gently asked me to consider the possible limits of that test classification label in a boy with marginal language proficiency and who was losing time and speed credits because his performance was being monitored by his siblings and it is bad form for Lakota children to be overly competitive or to show off in front of aliens such as ourselves; and, finally, that she had learned from his parents that the boy could track, kill, clean, and cook a jackrabbit, and that he was kind and considerate to his brothers and sisters, and could I say as much for myself? That of course is good clinical teaching and good clinical practice, and it is the kind that sticks to your bones and in your throat all your life long.

How and why do I see that kind of clinical acumen and emphasis as being under siege in 1995? Such dark thoughts easily come to mind, some of them prompted simply by paging through the dozens of ads in the APA Monitor for automated, computerized test interpretation guideline reports which, all too often, one finds in a badly undigested and mindlessly unedited form in the neuropsychological reports of colleagues who apparently are charging by the number of submitted pages rather than by the number of useful or valid conclusions offered.

This kind of negativism on my part sets me up for charges of being a Luddite, which I am not, and when good parchment is again available, I will write at greater length in my own defense. Someone who clearly is not a Luddite has just reviewed a book titled Silicon Snake Oil: Second Thoughts on the Information Highway. The author of the book is Clifford Stohl, and the reviewer is David Gelernter, Professor, Computer Sciences, at Yale. While acknowledging all the wonders and efficiencies which computers have brought to many fields of science and to information processing and transfer more generally, Gelernter says:

I have argued that to understand the computer culture’s dangerous potential, we need to recognize the dark feedback loop between the bad habits computers encourage and the bad habits we could cultivate anyway. It’s our rotten luck that computers have made glitz, superficiality and ignorance so convenient, just as glitz, superficiality and ignorance were coming into style in a big way on their own. (Gelernter, 1995)

I am not arguing here for a return to the abacus or even to the Monroe calculator of my graduate school days, but rather for renewed commitment on our part to continue to focus on the individual patient in all his/her cognitive and existential dimensions within the larger and larger data sets which we manipulate with such skill and confidence.
Let's turn now to some of the many interrelated and overlapping issues involved in postdoctoral training, how many students, and given the present and predicted job market for what purpose. I think I can best present some of the issues here by using some recent messages from the Neuropsychology internet which is an interactive email facility used by a growing number of neuropsychologists. My local computer literate colleagues share some of this information with me from time to time. I want to share with you directly these concerns of colleagues who have their own personal and professional vantage points from which to present these very pressing questions.

The first of these messages from Lloyd Cripe, PhD, who as you know has put us all in his debt by organizing and keeping track of Neuropsychology training programs which declare themselves to be in accord with Division 40 APA postdoctoral guidelines (Cripe, 1988). Dr. Cripe says the following:

I have concerns about jobs in neuropsychology, but no answers. The training program listing has grown considerably. On the list that is now in press, there are over 140 programs listed (30 doctoral, 42 internship, 68 postdoctoral). If I use the number of students they say they accept each year as an estimate of the number of graduates per year, the 140 programs are graduating about 420 students per year. That would be about 8.4 new neuropsychologists per year for every state in the Union. Where are these people going to get jobs? This tendency to train more and more professionals without links to "real-world" demand is not, of course, unique to our profession. I heard recently that there are now over 700 lawyers (he may have meant 7,000) on the job market with many more in training and with most of these individuals having very limited possibilities for formal employment or a reasonable income. . . . Right now I don't know of any jobs that I might announce (on an internet posting) from my neck of the woods.

Now let's sample a statement of concern from a more rigorously defined and sophisticated level of postdoctoral training, namely from the training director of one of the postdoctoral programs recognized and endorsed by APPCN, the Association of Post-Doctoral Programs in Clinical Neuropsychology. Dr. Jerry Sweet, who directs the postdoctoral training program at Evanston Hospital, Evanston Illinois, has given me permission to share his concern as stated on the internet as follows:

There is no question at all that the postdoctoral fellows I know of who are graduating this year [1995] have felt the acute anxiety of finding a completely flat job market. This state [of affairs] is not unique to neuropsychology by any means. A well known internship specializing in health psychology and neuropsychology last year had eight interns who all took postdoctoral positions instead of jobs, in part waiting (in vain) for the market to get better. The market has actually been even worse this year. Health economy forecasters of all types have been predicting for some time now that all specialty and subspecialty areas in health care will be shrinking because fewer will be needed in the slimmed down health care systems to come. Basically, generalists are expected to take up more and more of the lower level (less skilled) areas of specialty practice. This is clearly evident already in the practices of general physicians, internists, family practitioners, and so forth, and is impacting medical specialty areas such as psychiatry and neurology, certainly in managed care "mature" markets. In fact, in all of Chicago, it is expected (by one expert in this manpower area) that the number of psychiatrists needed for our millions of citizens will be under 10% of the number we have at present. So, if the present health care market place remains, the question will not be, are we training too many of everything at the PhD level, but the question rapidly will become "Is it ethical to keep accepting as many interns and postdoctoral fellows in Neuropsychology, health psychology, and so forth when there are literally no jobs available at the conclusion of our high-powered, time consuming and strenuous training programs?"
So not only do we seem to be faced with a flat-to-shrinking job market and Neuro psychology practice pie, but that pie is now being eyed by all sorts of hungry new pie lovers, some who have only recently discovered how financially nourishing, if not how tasty, our pie is rumored to be. My Neuropsychology pie as metaphor can't carry all of its required ingredients so I will abandon it before it abandons me, but not until I note that the metaphor prompts an image of two Neuropsychology boards vying to control the whole pie, and that the next level of maneuvering to secure a place at the table that will be within nibbling distance of the pie (I can't quite seem to let it go) includes the petitions/submissions to APA for recognition of Neuropsychology as a specialty and/or as a proficiency. It is here where we also encounter potential for even more acrimony within our ranks that may well arise from competing applications for sponsorship by several organizations within Neuropsychology.

My own preference and bias is to view the petition that Neuropsychology be recognized as a specialty area as good and desirable; I take this position not only because I am inclined to trust the judgement and motives of old friends such as Drs. Tom Boll and Manfred Meier who have worked so hard on the specialization issue, but also because specialty status should focus APA's reality testing on the need for truly acknowledging our existence as a specialty area and assuring their recognition and support of our ongoing efforts to establish formal APA approved doctoral and postdoctoral level training programs in our field. As for proficiency designations, I cheerfully admit to perhaps being quite wrong about this, but I am presently much less enamored with proficiency certifications, in part, because I fear they could open the door to great mischief. This may be entirely unrelated, but on the other hand you just might run across an ad in the current Monitor which captures some of my concerns. While it may lack quite the dramatic impact of an ad, let's say, for an upcoming series of Lizzy Bordon Conferences on Family Values, it comes close enough for me. Find it, read it, think about its content and assertions having to do with the urgent need for a larger number of trained neuropsychologists in our presently underserved, but exciting new field, and then feel free to laugh or cry or do both or neither. This is after all, California, and you hardly need permission from some Wisconsin dairy farmer to respond as you think best.

The rest of my unsolicited advice on many of the issues we have just been reviewing is at an equally primitive level, but I am happy to share it with you. When individuals and organizations in or even on the periphery of Neuropsychology vie for your loyalty and support for whatever they are selling, remember to follow the money and as best as you can, follow the motivation. Who profits from your discipleship and in what way, and what portion of your time and treasure gets diverted into entrepreneurial profit and small group power games, and how much of your time and treasure will contribute, in contrast, to the highest professional standards and long-range best interests of our extraordinarily fragile art and science enterprise? I read somewhere once that hypocrisy is the tribute that vice pays to virtue; there is a lot of all three going around out there, so do your best to stay alert.

As for the Boards, the conventional wisdom is that the so called Battle of the Boards is our very own political third rail, akin to Social Security or Medicare topics on the national political scene, and if you touch our third rail about the Boards, you will surely die. Somehow I just don't think so and I will, therefore, speak plainly. As some of you know, I had something to do with helping to start ABCN and then working to change its status from a free standing board to the board officially recognized and sanctioned by ABPP as the clinical Neuropsychology specialty board. I have also been privileged to serve as President of ABCN. So, it's a little late in the game for me to try to be coy or to present myself as the dispassionate senior guru sitting high above the fray and observing the problem with bemused detachment. I have good friends in Division 40, and in NAN, and a number of them are also ABCN diplomates, and some of them have pushed very hard and have strongly endorsed the series of meetings now under way between ABCN and ABPN to see if there
is any way we can work out some agreement that would result in a single diplomate board. In all candor, I don't think this is going to be easy, and I don't know what kind of merger or marriage or common law arrangement we might be able to consummate. But I want everyone to know that I fully support this effort for some sort of reconciliation or resolution. I do so because along with so many of you, I believe that the idea, much less the reality of two competing diplomating professional boards in a field as small and fractured as is our own is not only an embarrassment, but is also a great scandal.

During the years when a new clinical specialty area such as Neuropsychology was still emerging, a lot of skirmishing for recognition and control went on in the board and credentialing arena. We are all well aware of this, although we display great individual differences in terms of our own levels of tolerance for what we have all observed. But we have now been fussing with this board issue for nearly 15 years, and we can't continue to plead individual or group immaturity or growing adolescent pains any longer. The overarching mandate and the rock-bottom requirement for all of us now is to identify and assure the clear adoption of professional standards of training and practice and credentialing that will first and foremost serve the public's best interests and safety. Anything else not only fails as a legitimate item on our collective board and credentialing agenda, but anything else must be firmly dismissed as being narcissistic and self absorbed.

Nobody is kidding nobody about what is at stake here, which is the power and prestige associated with specialty board designation by ABPP. Despite the considerable personal charm of individual ABCN board members, none of us (with one glaring exception) has any illusions about the true nature of our drawing power and our sex appeal to applicants. Because we understand this, it would be a disservice to our own board and to our constituent members to place our relationship with ABPP in jeopardy. I know this is the perfect opportunity for me to shuffle my feet and to confess the procedural mistakes we have made over the years which have resulted in some of our candidates failing and some passing our exam who, had we been smarter or more insightful, would have ended up under the exact opposite pass-fail column. In our defense, I will only say that we keep trying to improve the board and its operations in terms of fairness, objectivity, and professional relevance; that we have tried to maintain this commitment to high standards during a period in American society more generally of a national "dumbing down" of training standards at all levels of education, as well as a "dumbing down" of basic standards of ordinary social and civic discourse; that we have tried hard to avoid engaging in trash talk on this subject of the Boards; and, finally, that we are grateful for the repeated invitations extended to our Board by NAN to present informational sessions at your conferences.

As you all know, over the last several years, ABPP has undergone a major expansion in its number of board specialties, going beyond the traditional ones in clinical, counseling, school, and Industrial/Organizational. Newer member boards include Behavioral Psychology, Clinical Neuropsychology, Family Psychology, Forensic Psychology, and Health Psychology. Additional applications now under active consideration by ABPP include Psychoanalysis, Group Psychology, and Rehabilitation Psychology, with inquiries to ABPP also being made by interest groups bearing titles such as Geropsychology, Developmental Neuropsychology, and Assessment Psychology.

Although I find this proliferation puzzling, it will be of interest to all of us to follow these new ABPP member boards very closely. I guess one can be sort of blandly positive and wish everyone well in this ABPP expansionist scenario, but I must say I am personally hopeful that the proposed new Rehabilitation Psychology board will thrive. While there is obvious potential here for overlap between Neuropsychology and Rehabilitation Psychology with some elbowing back and forth on questions of "expertise," I suspect most would agree that the controversy on emphasis or overemphasis on differential diagnosis and underem-
phasis on practical remedial and rehabilitation strategies, once given the diagnosis, has called for a degree of balance and proportionality that has been very difficult to achieve in one single specialty board, and for this reason alone, I think many of us will want to wish the new Rehabilitation Psychology Board every success.

My biggest concern related to ABPP diplomate status is what I see in my own correspondence with potential applicants as a lop-sided overemphasis on acquiring the diplomate as the key that will open the golden door to forensic practice. Forensic practice is fine, and it keeps a lot of us eating, but one would hope that the motivation for acquiring diplomate status in Neuropsychology would not be so narrowly focused but rather would extend to the value of the diploma in broader clinical, educational, and training applications. Within the forensic area, we must all continue to be extremely cautious not to position ourselves too frequently or too predictably on the plaintiff side in litigation cases involving complaints based upon purported minor head trauma and postconcussive syndromes. Most of us who have found ourselves trying to assess the neuropsychological merits of such cases have been confronted with adversarial neuropsychological reports concluding all kinds of severe cognitive and personality sequelae, based upon a stereotyped set of postulated sheer injuries and contrecoup pathology, whatever the patient’s negative neurodiagnostic studies and positive psychosocial histories for secondary gain considerations might suggest to the contrary. Please note I am well aware of the other side of this forensic controversy, and clearly some of these patients have not had legitimate complaints appropriately recognized and/or compensated. We nonetheless need frequent admonitions to ourselves against the opportunistic manipulation/interpretation of neuropsychological data for predetermined forensic outcome purposes. Until we confront these ethical practice issues firmly and fairly, we should not be surprised or even offended when we become the subject of the kinds of riddles and jokes that have so annoyed members of the legal profession. Ours is a proud and scientifically rigorous heritage; we should deserve better than to find ourselves as the butt of lawyer joke spin-offs: for example, “How many Neuropsychologists does it take to change a light bulb?” “How many can you afford?”

In so much of our personal and professional lives, we are always dealing with independence/dependence conflicts, and it has been ever so. In medieval times, philosophy was viewed as the handmaiden of theology; in the first half of the twentieth century, clinical psychology was viewed (in medical circles) as the handmaiden of psychiatry; in 1995 the over-ardent pursuit of commercial relationships with attorneys by psychologists for fiscal gain suggests several occupational titles, but handmaiden does not come immediately to mind.

What I want to say to you now is not part of my prepared talk. I wrote out these comments last night after attending Dr. Antonio Puente’s very provocative and informative workshop on reimbursement codes. Dr. Puente also made, in his workshop, a strong case that we might better spend our time working toward a M.B.A. degree in marketing than in arguing about which Board is better or in definitional arguments over who and what is really a neuropsychologist, and he emphasized the danger we are now in of being out-hustled and out-marketed and underbid by other eager would-be providers of neuropsychology services, pseudo though they may be.

I would like to believe you have already gathered from some of my comments tonight that I agree with much of what Dr. Puente presented in his workshop, but a couple of cautionary, if not contrarian, observations on some of this before I surrender the podium.

Two quick historical notes to anchor my comments. First, reminding you all once again that those who ignore history are condemned to go through life knowing only one-half of one quote by George Santayana, we have been down a similar road before with a relentless cutting in quality and quantity of clinical services in response to increased economic competition.
I know you all remember the phrenologists who flourished in midwestern America during the 1840s, feeling bumps on peoples' heads, and then for $12, writing detailed clinical narrative reports. Competition grew quickly (from early occupational therapists I would suspect), and by 1850 the surviving practitioners had switched to a phrenology personality inventory checklist at a cost of the client of only $2 a head (so to speak). By 1860, phrenology was dead or dying, and conceivably because $2 finally fell below some sort of threshold for professional credibility.

Dr. Puente painted a grim almost *Clockwork Orange* picture of our limited future as clinical neuropsychologists unless we change our ways and our attitudes towards survival and do it soon and drastically. My second historical footnote speaks to his concern. Shortly after World War II, a German Lutheran who somehow survived years as a concentration camp prisoner in Dachau wrote these words:

[In 1939, the Nazis] came for the Jews, but I wasn't a Jew, so I didn't say anything. Then they came for the Socialists, but I wasn't a Socialist, so I didn't say anything. Then they came for the Catholics, but I was a Lutheran, so I didn't say anything. Finally, they came for me and there was nobody left to speak up.

I think the quote is reminding us that it is time and past time for all of us to speak for and aggressively work for the survival of our profession, because no one else will do it for us. However, the specific point I wish to make here is that our survival must have firm scientific and humanistic/patient-centered dimensions in addition to monetary ones. If everything we do as professionals is to be driven entirely by economic reimbursement and market share models, we will solve our own supply and demand problem of having trained too many neuropsychologists. Our life's work will have become so distasteful and so venal that we won't want to be associated with our profession any more ourselves. But as long as we continue to struggle for survival, in this harsh and unforgiving economic climate, we will do so wearing our tattered label of clinical neuropsychology. We will do so to distinguish our training and expertise in brain-behavior relationships from our nonpsychologist competitor down the hall who is fighting with us over a $5 dementia screening quickie referral. Even if the final stage for our professional demise were to be as depressing as the scenario just presented, we will still want to be able to define who we were and to define the basis for our claimed special competence. We will want to be able to do so even if only to remind ourselves on our way to our exciting new jobs as hamburger helpers that once upon a time, not unlike Camelot, we were part of something quite magical and quite wonderful.

I tried my hardest at the beginning of my comments tonight to distance myself from the list of very distinguished neuropsychologists you have honored, and by this point in my speech, surely I have succeeded.

You have honored Drs. Ralph Reitan, Arthur Benton, Oscar Parsons, Nelson Butters, Harold Goodglass, Edith Kaplan, and Brenda Milner. Each has been a good friend and colleague, and Dr. Reitan has been my mentor and I am especially grateful to him for that thankless task. I hope you continue this award tradition. It is so important that we constantly replenish and renew our sense of institutional memory and disciplinary history.

One inevitably runs into the occasional no-nothing who is dismissive of history and also of senior contributors to our field, viewing them as a type of neuropsychologist dinosaur who probably should be avoided if only because some of them are rumored to eat their no longer not-so-very young.

The British writer C. S. Lewis (1962) has something to say to us about history. Like many historians, Lewis was concerned that the study of the past not be viewed as an indul-
gence in nostalgia. He said, “In our individual lives, as the psychologists have taught us, it is not the remembered but the forgotten past that enslaves us. To study the past does indeed free us from the present, and from the idols of our own market place” (p. 23).

Lewis also has some useful thoughts to share with us on the subject of dinosaurs. He says:

You don’t want to be lectured to on Neanderthal man by a Neanderthaler, still less on dinosaurs by a dinosaur. And yet, is that the whole story? If a live dinosaur dragged its slow length into the laboratory, would we all not look back as we fled? What a chance to know at last how it really moved and looked and smelled and what noises it made! And, if the Neanderthaler could talk, then, though his lecturing technique might leave much to be desired, should we not almost certainly learn from him some things about him which the best modern anthropologist could never have told us? He would tell us without knowing he was telling. One thing I know: I would give a great deal to hear any ancient Athenian, even a stupid one, talking about Greek tragedy. He would know in his bones so much that we seek in vain. . . . Speaking not only for myself but for all other Old Western men whom you may meet, I would say, use your specimens while you can. There are not going to be many more dinosaurs. (pp. 24–25)

Thank you again for this wonderful honor you have paid me tonight.

REFERENCES