

The Houston Conference: The Road More Traveled

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Many of the issues raised in the recent paper by Ardila are readily addressed through a fuller understanding of the history of clinical neuropsychology in North America. The perceptions also offered in his essay can also be informed by an appreciation of the professional context in which those seeking to understand and concurrently *apply* knowledge about brain-behavior relationships reside. To clarify at the outset, there are not two proposals in play at this point. The original INS-Division 40 Guidelines have been supplanted by the Houston Conference Report, which was the consensus work product of a Conference convened with broad-based organizational support in clinical neuropsychology in conjunction with the recognition of Clinical Neuropsychology as a formal specialty by the American Psychological Association. Other points that need to be elaborated as well here deal with Ardila's level of apparent appreciation of the history and issues at hand.

First, it is important to note that the correct title of the original INS-Division 40 Task Force work is "Report of the INS-Division 40 Task Force on Education, Accreditation, and Credentialing." This document was originally developed by Manfred Meier and a diverse group of 28 neuropsychologists as a project arising out of an open-door workshop of educators in neuropsychology before the INS annual meeting in San Francisco in 1980. The working group first published their findings and suggestions in the *INS Newsletter* in September 1981. This document was reprinted again in 1984 after its adoption by Division 40 in their newsletter. The essential portions were published again with permission in 1987 in *The Clinical Neuropsychologist*, a recognized serial.

In relation to this work, Meier (1981) published a book chapter elaboration of the "competencies" concept

with suggested models that remained for a long time the most complete and thoughtful treatment of the training issues arising in neuropsychology. For those aspiring to be teachers of neuropsychology, it remains required reading today.

A scrutiny of this original "INS-Division 40" set of recommendations for training should give the reader some sense of just how ground-breaking these guidelines were particularly in their late 1970s epoch of formulation. These guidelines represented a consensus based upon various contributions from neuropsychologists working in *a variety of settings*. The various elements of core knowledge represented a cross-section of what the conferees thought to be essential and the document is obviously the work of a Task Force rather than any one person. No single program at any level (doctoral, internship, postdoctoral) could lay claim to the uniform availability of expertise of the very highest caliber in each and every element suggested as necessary knowledge. For example, although some contributors to these guidelines doubtless have access to teaching resources for the identification and treatment of discrete language disorders, those same programs may have had weak-to-nonexistent capability to teach about the neuropsychology of cranial trauma, schizophrenia, or medical disorders such as chronic obstructive pulmonary disease.

However, the conferees were able to reach consensus on what a strong educational foundation would be. It is also worth noting that there were relatively few organized or devoted neuropsychological education programs either constituted as such or operating independently at the time these guidelines were created in the 1978-80 time period. Since the promulgation of this set of recommendations, most programs at each level of training have found ways to organize and demonstrate adherence to these suggested frameworks. The Houston Conference document (Hannay, 1998) continues this tradition and makes even more specific the notion that there is more than one path to becoming a clinical neuropsychologist.

Ardila also makes some assertions that have assumptions that need to be addressed. First, the notion of "neuropsychology" as having two senses is not a new one. One

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is a scientific one and one is a professional one. Neuropsychology as a knowledge area to be mutually embraced by scientists and practitioners from a number of disciplines is not implicit, but quite explicit in the ethos of the original training guidelines as well as in the operations of organizations such as the International Neuropsychological Society (INS; Adams, 1995). The original training guidelines came out of an INS committee and were intended to be appropriated by *any* of the disciplines that make up INS. Contrary to Ardila's apparent understanding, the initial guidelines were quite clear in indicating that a license as a psychologist was a fundamental requirement of these guidelines as written. It would be easy to see that these guidelines could be readily adapted and adopted by neurology fellowship programs in behavioral neurology or refined to serve the needs of doctoral programs turning out good PhD graduates in speech–language pathology.

However, the second meaning of neuropsychology as relating to a practice specialty within organized psychology is the one that seems to trouble Ardila. In earlier times it was the case that psychologists wanting to practice in neuropsychology were dependent quite often on neurologists and neurosurgeons for their legitimacy. As the profession of neuropsychology has developed, psychologists practicing an articulated specialty have moved out into other health settings to the point where there are more psychologists practicing neuropsychology outside of neurology clinics than from within. The situations which Ardila refers to in other countries arise mainly because neurologists are the only available resource to turn to in some countries for brain–behavior questions. In these countries there also is not an organized psychology profession and certainly no multidisciplinary group to turn to for assessment and care. The Houston document (Hannay, 1998) used as a roadmap for professional psychology education in an articulated specialty in no way lessens the other sense of neuropsychology as a knowledge area that is a common ground. Indeed, the establishment of an articulated, discipline-specific pathway to practice in the realm of neuropsychology is essential for neurologists, psychologists, and speech–language pathologists alike. For neuropsychology to be granted specialty recognition and an established professional identity within the psychology tribe, it is essential to have documents just like the Houston one. Without those professional definitions for each discipline as equals at the neuropsychology science table, there is no alternative in practice but to depend upon the beneficence of physicians whose understanding of parameters of behavior may vary greatly. Much too rare is the neurologist interested in behavior as a primary issue and sufficiently comfortable to see the science of neuropsychology as a team sport among equals. We could readily

use a quantum increase in behavioral neurologists of this kind.

It is also important that component disciplines of neuropsychology craft their own training and standards documents to be true to themselves. Psychologists need to define neuropsychology in their context just as others might do. What is not acceptable is to permit one group to define or put others “in their place” as has happened at times.

Ardila's calls for specific content in the history of neuropsychology, specific syndromes, and theory will be met by programs in their distinctive ways. With respect to history, the information provided by instructors, supervisors, rounds and lectures, and more informal *in vivo* socialization essential to training will inevitably leave their mark and be more effective than the “history and systems” course inflicted on many of us. The goal of introducing students to the history of neuropsychology is not so that we may be sure to continue the hero worship of deceased European physicians, but to give students a look at how ideas develop (Benton, 2000). Doing this properly will take the students beyond neurology to the history of psychology and other areas as diverse as philosophy and mathematics.

Education in syndromology has its uses, but cannot prepare the students for all modes and eventualities of practice. Making sure that students know all 31 flavors of aphasia will have little relevance for those practicing outside clinics dealing regularly with cerebrovascular disease and neoplasms. Teaching from rare or single cases has its use as well as an exercise in pedagogy, but it is not the main event. Aphasiology, for example, may have had its day in the sun as the prime vehicle to teach neuropsychology, but it is now eclipsed by what we can provide in areas such as abnormal aging and head trauma.

Finally, there is virtually no way to teach material offered in the core courses enumerated in the Houston document without resort to theory. There is nothing magical about mentioning Luria or Geschwind any more than it is critical to stipulate that framing hypotheses in teaching cognitive processes must be covered. Many are less troubled by the notion that measurement or “psychometry” might need to be kept in essential balance than by the notion that neuropsychology practice by psychologists can be structured such that we will never assume any role other than that of the neurologist's assistant, perhaps providing very detailed and accurate assessments of behavior but never having a legitimate place at the table without having been sanctified by medical judgment.

It is hard to argue with Ardila's call for more “science” or content in the Houston document. Nobody could ever get disagreement from a group of neuropsychologists with assertions such as “there is no such thing

as knowing too much neuroanatomy.” However, the fundamental and clinical neurosciences cannot be taught to anything like completeness in any graduate education program, medical or nonmedical. Programs will differ in the capability to provide education in the underpinnings of neuroscience, and professional educational blueprints such as the Houston Conference Report should do precisely what was done in allowing programs the flexibility to marshal resources to achieve understanding of brain-behavior relationships on which foundation competencies will be built. This allows multiple pathways for the achievement of a specialization in psychology that will allow the successful graduates to take their place at the scientific table of neuropsychology with other disciplines.

The values implied in Ardila’s essay speak to a time when professional training of psychology-brand neuropsychologists took place in a different environment. Loving Luria sufficiently and knowing all the vagaries of deep, snorkeling, or surface dyslexia have never been either necessary or sufficient to produce an effective and independent neuropsychologist. The Houston

Conference Report in no way denigrates what has been an important setting for the training of neuropsychologists, but recognizes the needed flexibility and diversity of paradigms to produce the next generation of skilled practitioners.

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