



Neuropsychology and Rehabilitation Psychology: Considerations for Developing an Essential Partnership Across Latin America

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Disclosures

I have no financial conflicts of interest to disclose.



Learning Objectives

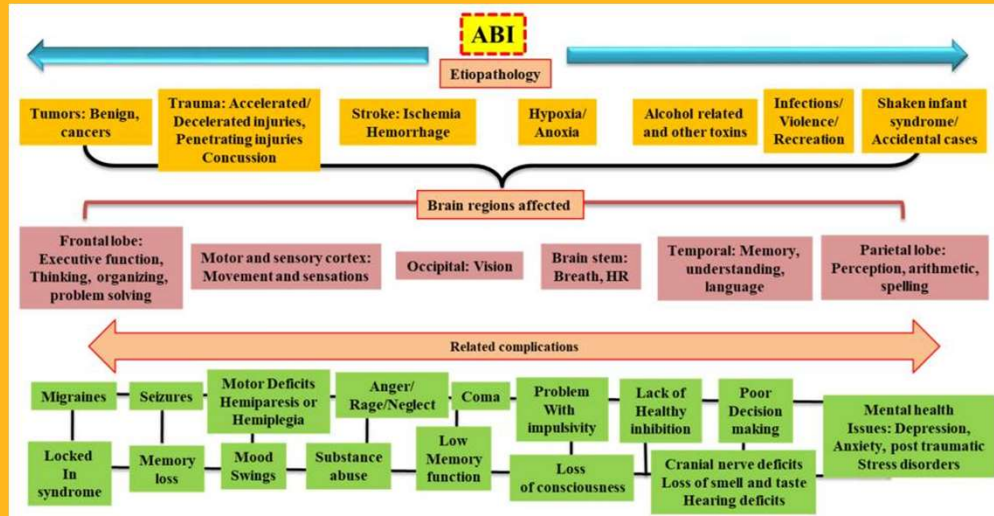
1. Identify specialty competencies in professional psychology necessary to meet the needs of persons with acquired brain injuries
2. Apply specialty competencies to clinical scenarios
3. Discuss integration of neuropsychology and rehabilitation psychology specialty competencies to meet clinical needs and strengthen professional identity

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Acquired Brain Injury Sequelae

ABI: Etiopathology, classifications, brain regions affected and related complications



(Goldman, et. al., 2022)

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Neurobehavioral Sequelae of ABI

Personality / Mood

- Self-awareness
- Apathy
- Irritability / Frustration
- Anxiety
- Depression

Cognition

- Confusion
- Aspects of attention
- Language
- Memory
- Visuospatial abilities
- Executive Functioning

Behavior

- Impulsivity
- Disinhibition
- Initiation
- Delusions and hallucinations

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Specialty Competencies

Assessment Competencies in Post-Doctoral Training

Neuropsychology*	Rehabilitation Psychology
• Identify the client/service recipient... clarify and discern referral question • Cultural conceptualization • Third-party observation on test security • Clinical diagnostic interviews • Obtain estimates of prior functioning • Test selection and administration • Rational for variations from standard procedures or limitations in use of norms • Integrate information to formulate diagnoses, recommendations, treatment plans • Differential diagnosis of cognitive, emotional, behavioral disorders • Identification of strengths and weaknesses • Feedback and recommendations in a format appropriate for setting, context and client	• Individual and family coping and adaptation • Psychological/emotional/personality functioning • Neuropsychological functioning, including decision-making capacities, and involving adaptation of standardized assessments for persons with sensory and motor impairments • Behavioral functioning • Sexual functioning • Acute and chronic pain • Health behaviors (e.g. substance use and abuse, nutrition, exercise, medication management, prevention of secondary complications) • Self-care and independent living skills • Educational and vocational functioning • Social and recreational functioning • Care-giver functioning • Rehabilitation team functioning

* Summarized for brevity

(Stringer, et. al, 2025; Stiers et. al., 2012)

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Assessment Competencies for Board Certification

American Board of Clinical Neuropsychology*	American Board of Rehabilitation Psychology*
• Application of appropriate evaluative methods for different patient populations and problems in a variety of contexts • Test construction, standardization, validation or related psychometric issues • Assessment practices, profile interpretation, communication of results, and use of assessment results • Understand and appropriately address individual and cultural diversity factors, ethical issues, and legal issues as they relate to assessment choices, interpretation of results, intervention, and outcome evaluation.	• General Principles (4 of 6 required) • Sensory-Perceptual, Motor, Language, Cognitive Function (2 of 2 required) • Adjustment to Disability: Individual (2 of 2 required) • Adjustment to Disability: Family (2 of 2 required) • Sexuality (2 of 3 required) • Substance Abuse (2 of 4 required) • Pain (2 of 3 required) • Vocational/Educational Issues (1 of 2 required)



* Summarized for brevity

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Intervention Competencies in Post-Doctoral Training

Neuropsychology*	Rehabilitation Psychology*	
• Guided by knowledge of brain-behavior relationships, assessment results, impact of neuropsychological deficits on treatment response • Tailored to each patient's unique circumstances • Standardized, evidence-based • Prevention, brain health promotion, and social engagement activities • Appropriate, pragmatic and consider access to and availability of resources, feasibility, and eligibility criteria • Technologies and internet based interventions as appropriate to the problem and setting	• Individual and family coping and adaptation • Psychological/emotional/personality functioning • Neuropsychological functioning, including decision-making capacities, and involving adaptation of standardized assessments for persons with sensory and motor impairments • Behavioral functioning • Sexual functioning • Acute and chronic pain • Health behaviors • Self-care and independent living skills • Educational and vocational functioning • Social and recreational functioning • Care-giver functioning • Rehabilitation team functioning	• Educational interventions about illness and injury • Individual health and behavior interventions and motivational enhancement • Family systems • Cognitive and behavioral modifications • Cognitive retraining and remediation • Enhancing appropriate use of adaptive/assistive technology • Facilitating rehabilitation team functioning • Life-care planning including life span issues related to disability



* Summarized for brevity

(Stringer, et. al, 2025; Stiers et. al., 2012)

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Intervention Competencies for Board Certification

American Board of Clinical Neuropsychology*	American Board of Rehabilitation Psychology*
• Address cognitive and behavioral problems observed in neuropsychological assessment • Methods and rationale appropriate to address deficits in cognition, attention, learning and memory, problem solving, sensory motor processing, and psychosocial disorders • Informed decision-making regarding choice of therapeutic or environmental interventions... in context of individual diversity and life circumstances • Referrals to other appropriate professionals	• General Principles (3 of 4 required) • Behavior Management (4 of 6 required) • Adjustment to Disability: Individual (4 of 7 required) • Adjustment to Disability: Family (4 of 7 required) • Sexuality (5 of 8 required) • Substance Abuse (3 of 4 required) • Pain (2 of 3 required) • Vocational and Educational Issues (2 of 3 required)

* Summarized for brevity

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Consultation Competencies in Post-Doctoral Training

Neuropsychology*	Rehabilitation Psychology
• Conduct neuropsychological consultation • Demonstrate professional identity across multidisciplinary systems and settings • Awareness of patient, client, and referral source needs, and address those needs • Utilize best practices in conveying neuropsychological information • Awareness of complementary roles and collaboration with other professionals • Determine eligibility for programmatic services, appropriateness for specific positions/programs, recommendations for system intervention • Awareness of applicable relevant laws, guidelines, and legal standards • Familiarity with societal inequities and institutional biases to advocate for the best interests of patients/clients • Awareness of own biases; make referrals	Consulting with health care professionals and legal and service agencies about: • Behavioral • Cognitive • Affective/personality • Vocational/educational • Social/recreational • Substance abuse • Sexuality • Pain issues

* Summarized for brevity

(Stringer, et. al, 2025; Stiers et. al., 2012)

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Consultation Competencies for Board Certification

American Board of Clinical Neuropsychology*	American Board of Rehabilitation Psychology*
• Foundational: Interdisciplinary Systems • Functional: Consultation	• Peer (1 of 2 required) • Community and Organizational (1 of 3 required)

* Summarized for brevity



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Advocacy Competencies in Post-Doctoral Training

Neuropsychology “Health and Professional Advocacy”	Rehabilitation Psychology
• Demonstrate knowledge of best practices for professional advocacy. • Ground their advocacy for patients, consumers, and the specialty in neuropsychological and public health research. • Advocate for their professional career needs within the work or training setting. • Advocate for the welfare of their patients and the public, incorporating knowledge of the impact of social determinants of health and all forms of discrimination. • Advocate for the specialty of neuropsychology.	Advocating for patient rights, accessibility, and justice including efforts towards injury and or illness prevention

(Stringer, et. al, 2025; Stiers et. al., 2012)



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Consultation Competencies for Board Certification

American Board of Clinical Neuropsychology	American Board of Rehabilitation Psychology*
No advocacy specific competency	Advocacy • Client/Patient (2 of 2 required) • Disability Issues (2 of 3 required) Consumer Protection • Federal Legislative Statutes (2 of 4 required) • State Legislative Statutes (2 of 3 required) • Community Health and Safety Resources (3 of 3 required)

* Summarized for brevity

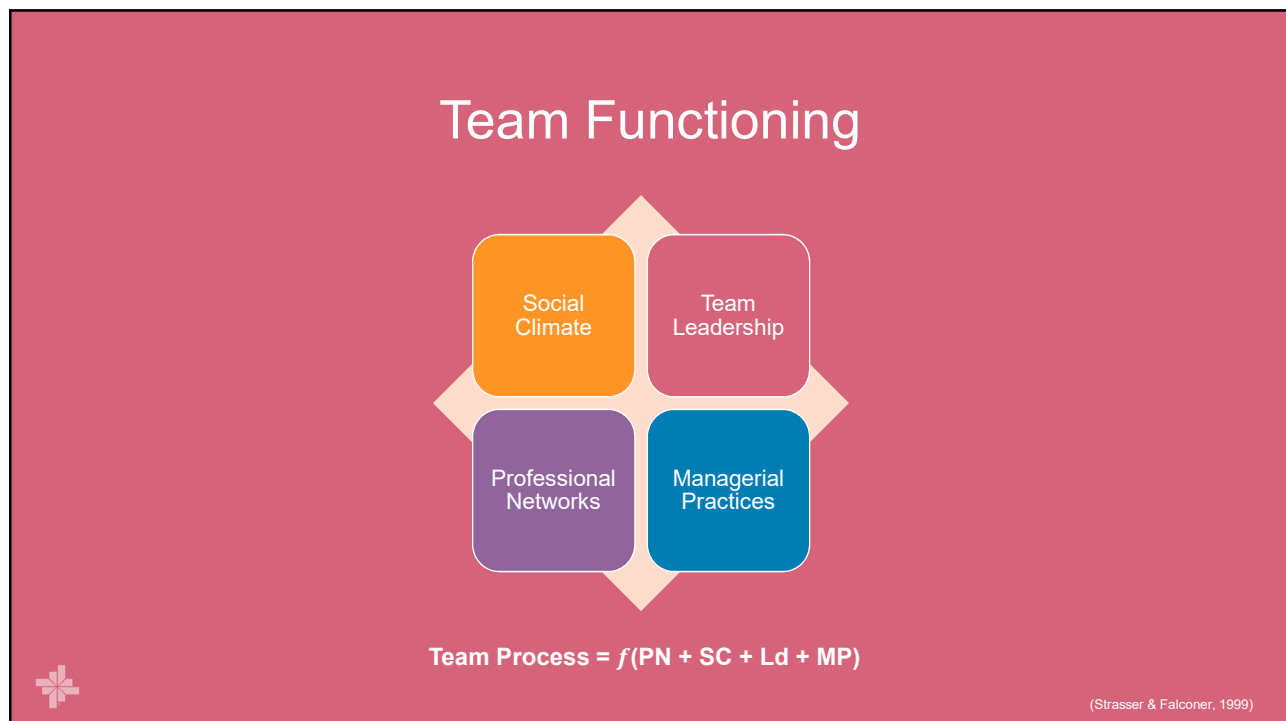
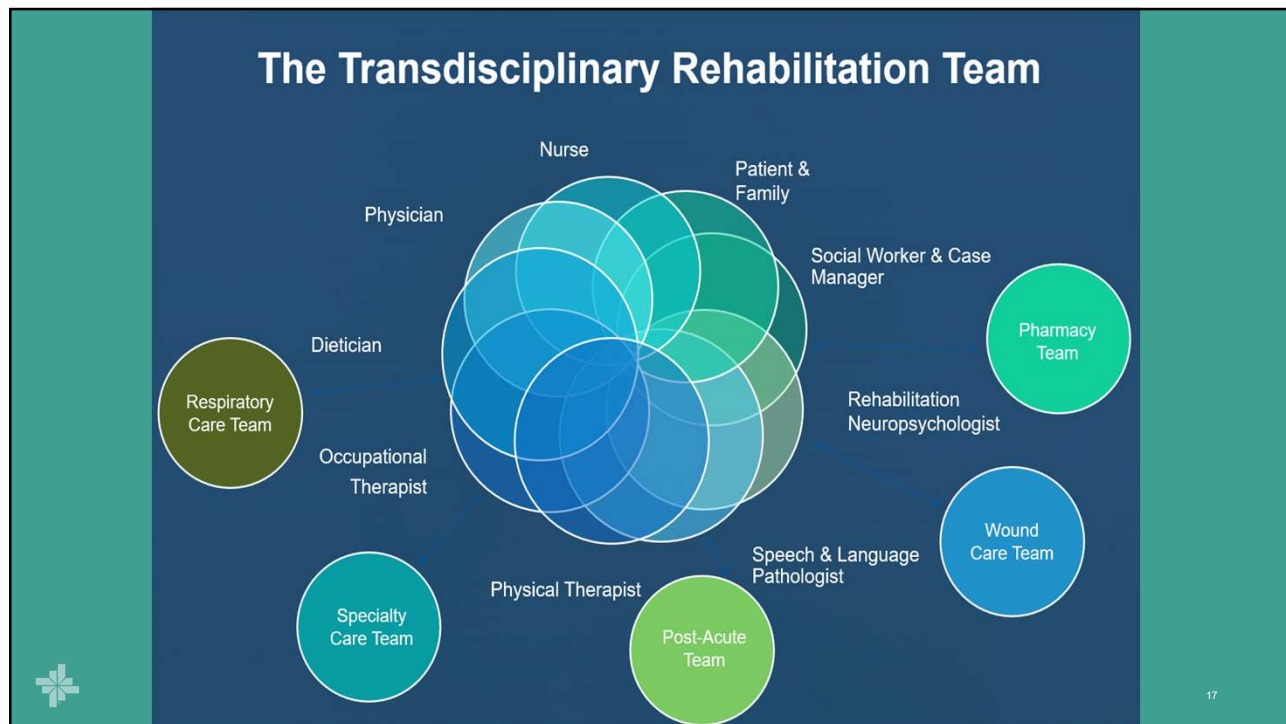


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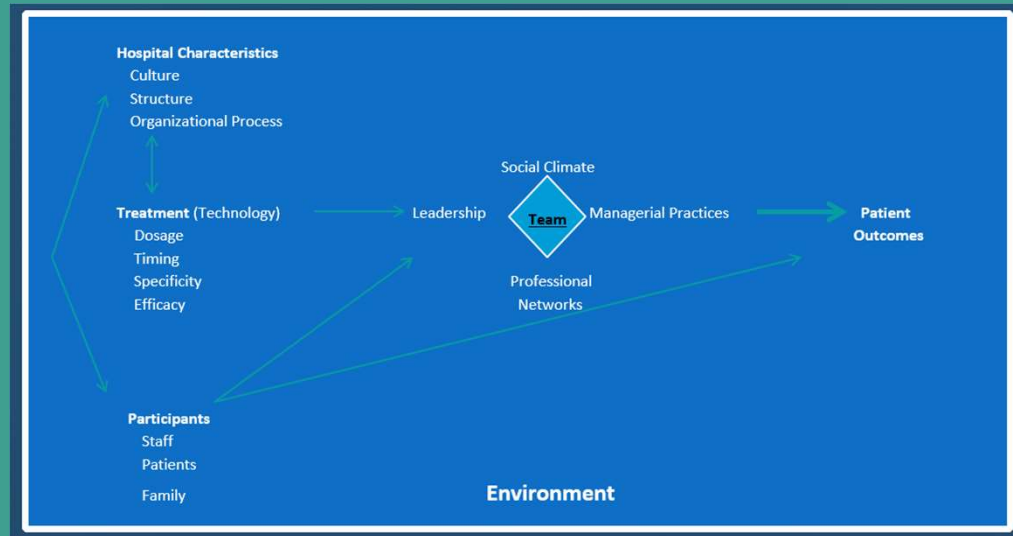


Efficacy in Team Functioning

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Team Effectiveness Model



Used with permission from Strasser, 2015

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Evidence to Practice

Ted Lasso and Team Science for Evidence-Based Practice Teamwork

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Benefits of team science

- Change culture
- Engagement and project ownership
- Psychological safety
- Job satisfaction
- Interpersonal collaboration
- Clinical work-flow
- Role clarity
- Team work

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Remember the Mars Climate Orbiter incident from 1999?

Critical Breakdowns & Failures

- Inadequate inter-team communication between development & operations
- Inter-team differences regarding measurement
- Inadequate intra- and inter-team training
- Limited boundary-spanning mechanisms for inter-team quality checks, validations
- Inadequate inter-team coordinating during transition periods

(Shuffler & Carter, 2018)

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Facilitating Access to Specialty Training and Specialized Clinical Care

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Many challenges = Many creative solutions

- Infusion of coursework on brain behavior relationships and disability issues
- Pathways for specialty training
- Sub-specialties in professional psychology
- Redefine the role of master's level professionals
- International collaborations: training, education, clinical


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