Collaborative Feedback Strategies that Stick

Even with our more challenging patients

AACN 2025
Keynote Presentation

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Disclosures and Acknowledgements

Feedback that Sticks: The art of effectively communicating neuropsychological Assessment Results.

No other financial relationships to disclose

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Acknowledgements

Karen Postal, Ph.D., ABPP

3

Neuropsychological Feedback ("NF")

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NF Today

- As of 2022 – 41 publications (books, chapters, articles) relating to NF (Gruters et al., 2022)
- Survey data – 98% of Neuropsychologists are now providing verbal feedback to at least 92% of their patients (Longley et al., 2023)

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What is feedback?

Feedback is not *just* about diagnoses

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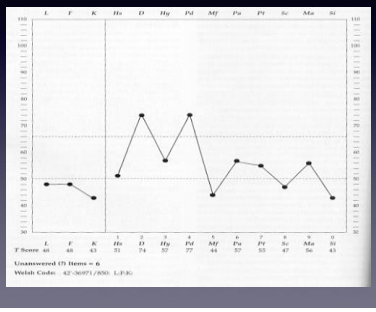
Feedback is not (just) about test scores



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So, What is Feedback?

A Therapeutic Intervention

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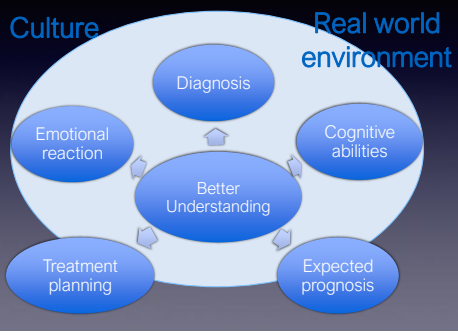
What is Feedback?



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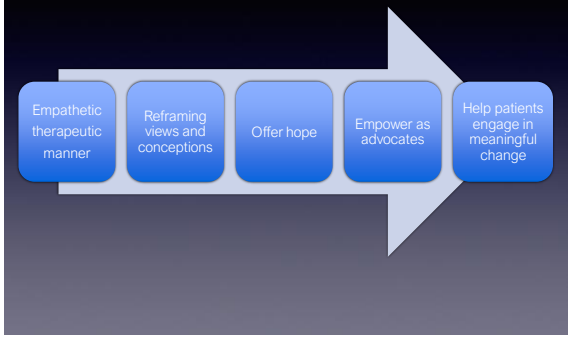
Feedback goals



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The Clinical Impact of Feedback

- Improvement in perceived cognitive functioning, self-efficacy and mood in MS patients despite evidence of cognitive improvement (Longley et al., 2023)
- Reduced Psychiatric symptoms up to 6 months after NF (Hansson et al., 2016; Lanca et al., 2020)
- Improved quality of life (Longley et al, 2023; Rosado et al., 2018)
- Limit iatrogenesis in mTBI (Miller & Mittenberg 1998)

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It's not always rainbows and sunshine

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Difficult Feedbacks

Typically involve patients who:

- Exaggerate OR minimize/deny symptoms;
- Have limited insight and/or limited cognitive functioning;
- Are resistant to and/or ***frustrated*** by our findings;

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Difficult Feedbacks (cont.)

Typically involve patients who:

- Feel misunderstood or not heard due to their culture or gender/sexual identity;
- Are *Children;*

And

- When we are sharing "bad" or unexpected findings

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Guidelines/Models of Feedback

- General guidelines for the provision of feedback (Crosson 2000; Finn 2007; Gass & Brown 1992; Gorske & Smith 2009)
- Geriatric Patient Populations (Wynn & Carpenter 2022)
- Rehabilitation settings (Waldron-Perrine et al., 2021)
- Failed effort testing (in clinical populations) (Carone et al., 2010; Connery et al., 2016, Waldrone-Perrine et al., 2021)

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Guidelines/Models of Feedback (cont.)

- Reframing expectations (when testing results are not consistent with patient perceptions) (Carone 2017)

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Guidelines/Models of Feedback (cont.)

- Pediatric publications (Connery et al., 2016; Hansson et al., 2016; Tharinger et al., 2008)

BUT

  - Tharinger et al. – Therapeutic Assessment (not neuropsychology)
  - **Hansson et al. – (emphasizing Therapeutic Assessment and CTNA)**
    - **Each assessment took 3-4 months and included 5-13 sessions**
  - Connery et al. emphasizes feedback with the child's ***parents***

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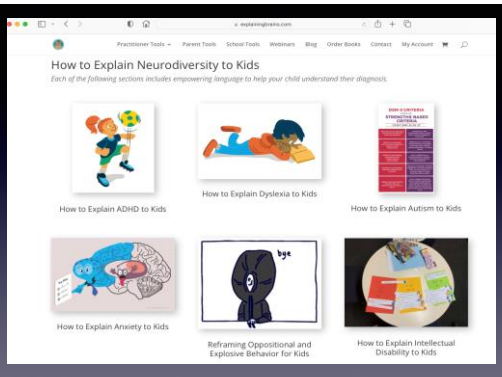

Liz Angoff, Ph.D.
https://explainingbrains.com/blog/

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Therapeutic Assessment and CTNA

- Therapeutic Assessment – S.E. Finn 2007
- Collaborative Therapeutic Neuropsychological Assessment – T. Gorske and S. Smith (2008)

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Working with our patients Not at them

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Feedback Begins with our *First* Patient Contact

Rapport	• Foster therapeutic alliance • Build Trust
Credibility	• Set Expectations

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Feedback Begins with our *First* Patient Contact

Rapport	• Foster therapeutic alliance • Build Trust
Credibility	• Set Expectations
Collaboration	• Promote collaboration, openness and curiosity

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Feedback Continues: the Diagnostic Interview and Assessment Process

Gather Information	• Goals, life stories, details to pull through in NF
Gauge Insight	• Assess Readiness to understand results

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Finn's Level of Findings Guidelines

- Level 1 Findings – ego syntonic, easily received
- Level 2 Findings – Re-shape a patient's self-concept without threatening their self-esteem
- Level 3 Findings – ego dystonic findings that can create intense, defensive reactions

Finn 2007

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Part 2: A New Model of Feedback to Facilitate Feedback that Sticks

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The Diagnostic Feedback Interview (DFI)

And

Feedback through Interactive Neuropsychological Dialogue (FIND)

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Feedback through Interactive Neuropsychological Dialogue (FIND) and the Diagnostic Feedback Interview (DFI)

Textbook of Clinical Neuropsychology – 3rd Edition

Joel Morgan, Joe Ricker, Ida Sue Baron, Editors

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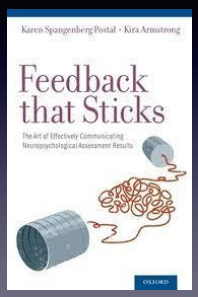
Feedback that Sticks



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Providing Neuropsychological Feedback to Children

It's immoral to put a person through this kind of examination and not let them know how they did. I call it a hit and run assessment. ~ *Muriel Lezak*

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Feedback through Interactive Neuropsychological Dialogue (FIND)

Goal: To provide child/patient centered feedback at their developmental and cognitive level that:

- Validates the child's strengths
- *Explains* their challenges and diagnoses – using age appropriate/family agreed upon terminology
- Gives them strategies and hope to support empowerment

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Features of FIND

- Feedback is given to the child at the end of testing with parents present (or soon after)
- Longer parent interviews (using the DFI) *in between testing dates* that foreshadow and/or confirm diagnostic impressions
  - Which lets us agree on the language to use when sharing findings

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Timing of Feedback - Pros

- This kid is the ONLY kid in my head
- Testing is fresh for the kid - specific examples from testing can be used (emphasizing collaborative assessment techniques)
- Kids will often acknowledge symptoms they have denied or minimized
- The process strengthens the report AND helps parents to accept conclusions

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Timing of Feedback – Pros (cont.)

- Kids will often acknowledge symptoms they have denied or minimized
- The process strengthens the report AND helps parents to accept conclusions

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Timing of Feedback - Cons

- Trainees haven't had supervision yet
- Not all test data is scored
- The child will be tired and dysregulated
  - Tell parents ahead of time not to worry about their presentation

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Feedback through Interactive Neuropsychological Discussions (FIND)

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Re-Orienting the child and Parents to the testing process

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Taking notes “as we go”

- Ensures that information is presented in an easy to follow manner
- Orients the child, parents, and neuropsychologist to the discussion
- Notes are photocopied or scanned and emailed so parents and the child can reference them later

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Sharing Good News

I have PROOF that I'm Smart*

*Modify this as appropriate for your patient population

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Personalize the Findings

Use actual test findings (**NOT** scores) or behavioral observations

- Summarize higher test scores
- Qualitative observations
- Parent and/or teacher report

- Add the word "Sometimes" when appropriate

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Acknowledging the Elephant in the Room

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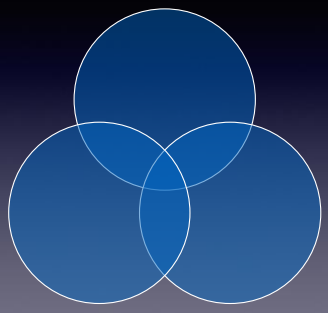
BUT

I'm willing to bet you don't always FEEL as smart as I'm saying you are

43

AND



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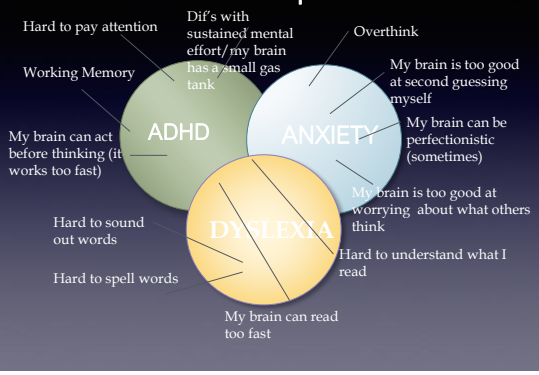
A Finished Example of a FIND



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Filling in the Circles

- No set order – it's a fluid, **interactive process**
- Flip between circles/strengths/ recommendations
- Move from **least threatening** examples/dx to potentially ego dystonic items
- Invite the child to agree/ disagree supports the face validity of the findings
- Use specific examples from testing or self/parent report

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Filling in the Circles (continued)

- Encourage parents to join in the discussion as appropriate (and depending on the child)
- Use humor when appropriate
- Use self disclosure if/when appropriate

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The Power of the Venn Diagram in FIND

- It allows for a **shared understanding** of the child's brain
- Talk about the child's BRAIN not them
- Reduces defenses
- Allows the exploration of minimized/denied symptoms collaboratively

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SEE SWEDISH TALK TO FINISH CLEANING THIS UP

Depersonalizes the symptoms

Your brain not YOU

- *My brain is too quick to think people are judging me* instead of **I'm too sensitive**
- *My brain gets distracted too easily* instead of **I never pay attention**
- *My brain finds it hard to understand how other people are feeling* instead of **I can't understand other people**

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The Power of the Venn Diagram in FIND (cont.)

- Children frequently share/acknowledge symptoms they previously denied
- Strengthens diagnostic conclusions and provides data to document diagnoses

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The Power of the Venn Diagram in FIND (cont.)

- The SHARED DESCRIPTION facilitates acceptance of diagnosis
- The overlapping circles provide an educational model to explain nonspecific symptoms, comorbidities and how to direct intervention

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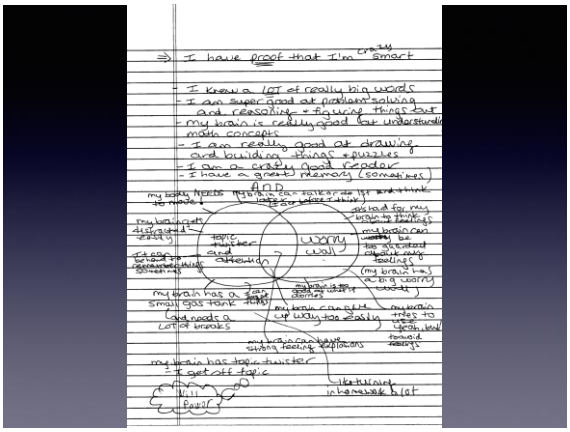

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Tricks to facilitate this process

- Track behavioral observations and test performances that will explain diagnostic symptoms or that will help children to understand the way their brain works
- Highlight examples the child or parents share during interviews so you can find them easily

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Generalizing/Adapting Model

- ☐ See additional slide included in packet for an example of a feedback for a child with epilepsy as well as actual examples of feedbacks completed with children in my practice
- ☐ Modify language for younger/more cognitively impaired patients/different cultures, etc.

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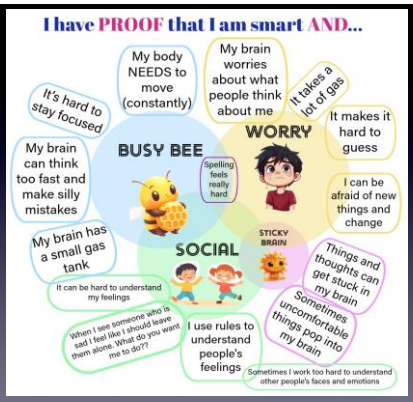

Elle Sylvia, LICSW

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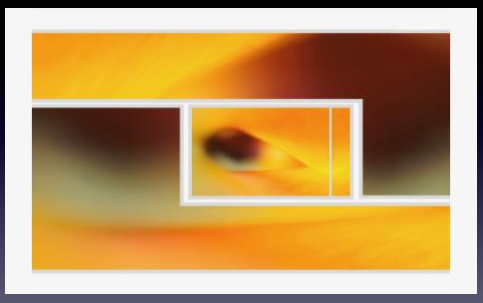

Diagnostic Feedback Interviews

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Common Diagnostic Challenges

- How can we help patients/family accept diagnostic conclusions if our findings run counter to their expectations (or if they are totally unexpected)?
- What can we do to avoid feeling like we don't have enough data to effectively or confidently confirm or rule out a diagnosis (e.g., of ASD, ADHD, anxiety, etc.)?

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Common Diagnostic Challenges (cont.)

Out of necessity, diagnostic evaluations place a heavier emphasis on collateral/self report but:

- Children, parents, teachers, allied health professionals are not "experts"
- Consequently, their input is is not an **objective** source of data
- **This also impacts questionnaires**

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So, our diagnostic interview model is limited when we:

- Interview parents before meeting the child
- Interview parents before we have actual data
- Assume parents are *experts* before we educate them

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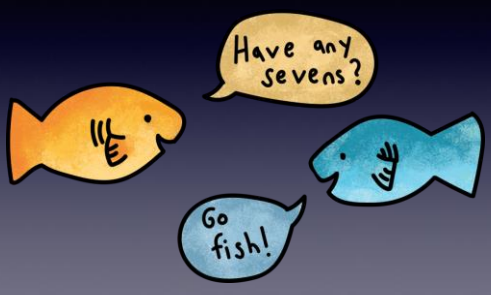
Go Fish



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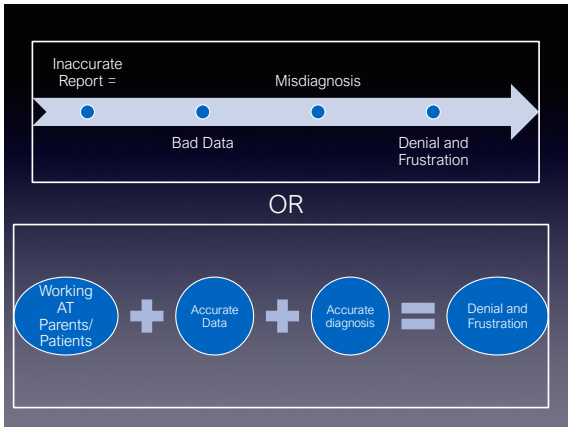

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The DFI Testing Schedule

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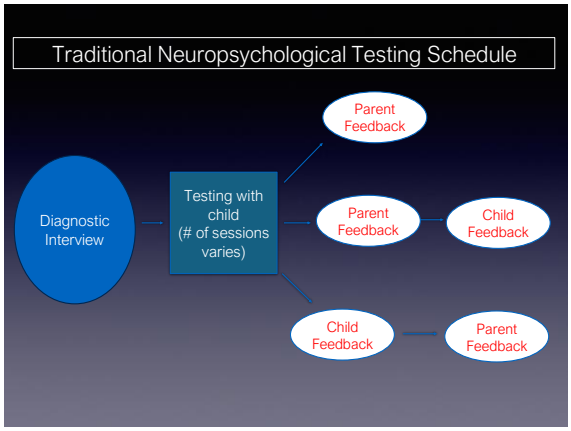

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Testing schedule when using DFI

Complete some testing BEFORE the interview

Schedule longer parent interviews (that lead to shorter feedback sessions)

- Having actual data about the patient helps to better guide interviews that address directly relevant information

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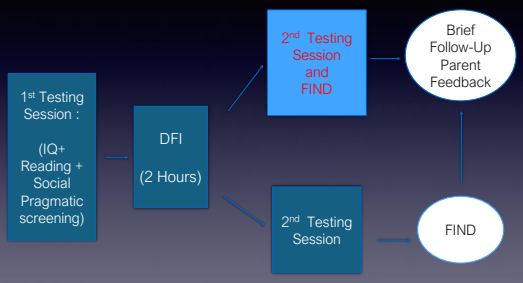
Pediatric DFI Assessment Schedule



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Applying DFI and FIND in Your Practices

- Scheduling/Billing Restrictions
- Timing of Education (the collaborative portion of the DFI)

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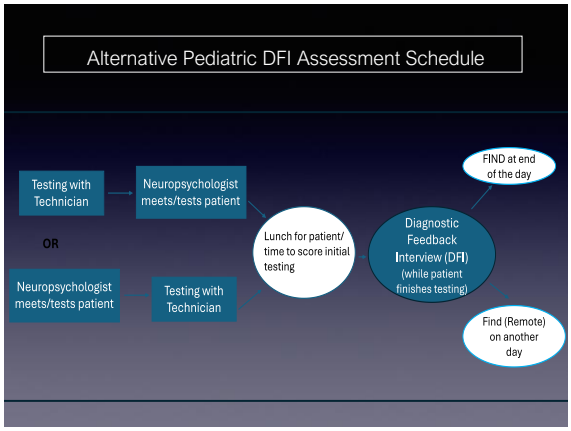
Alternative Pediatric DFI Assessment Schedule
Testing with Technician
Neuropsychologist meets/tests patient
OR
Neuropsychologist meets/tests patient
Testing with Technician
Lunch for patient/ time to score initial testing
Diagnostic Feedback Interview (DFI) (while patient finishes testing)
FIND at end of the day
Find (Remote) on another day

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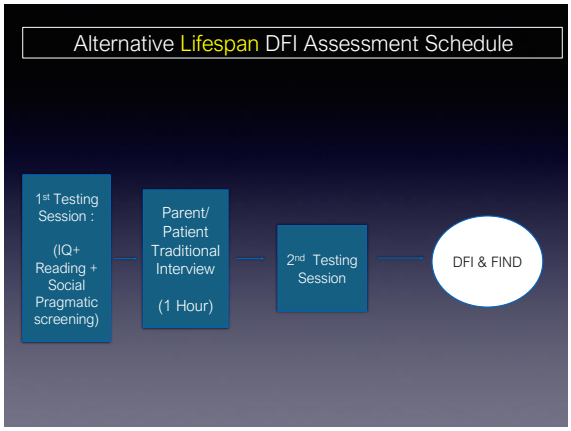
Alternative Lifespan DFI Assessment Schedule
1st Testing Session : (IQ+ Reading + Social Pragmatic screening)
Parent/ Patient Traditional Interview (1 Hour)
2nd Testing Session
DFI & FIND

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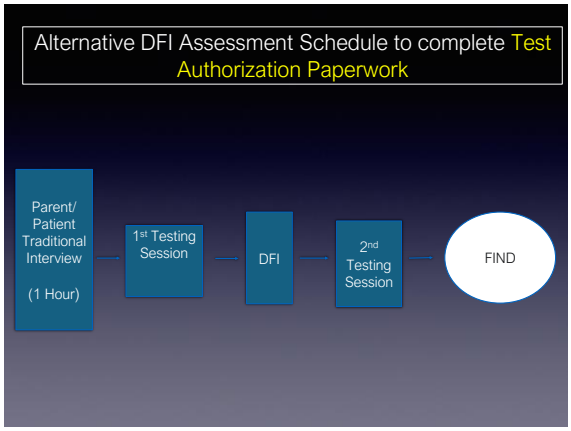
Alternative DFI Assessment Schedule to complete Test Authorization Paperwork
Parent/ Patient Traditional Interview (1 Hour)
1st Testing Session
DFI
2nd Testing Session
FIND

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Features of Diagnostic Feedback Interviews

- Educate parents/patients in a way that supports their ability to provide more accurate information
- Forecasting conclusions during the interview/ diagnostic feedback – to solicit both "buy in" and additional relevant examples

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The most important part of feedback is <u>not</u> *talking*…

71

It's *listening*

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Feedback Begins with our First Patient Contact

Rapport	• Foster therapeutic alliance • Build Trust
Collaboration	• Promote collaboration/ openness

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Feedback Begins with our First Patient Contact

Rapport	• Foster therapeutic alliance • Build Trust
Collaboration	• Promote collaboration/ openness
PsychoEducation	• Collaborative Education to solicit accurate history and encourage acceptahce

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Introducing the DFI

1) Explain that neuropsychology is a collaborative process, we each have our own areas of expertise

2) Explicitly encourage parents/patients to disagree with or challenge my summaries when relevant

3) Explain the 2 parts of the DFI

3) Collect relevant history (as you would normally) while also:

- *Highlighting notes to return to during the interactive feedback that warrant education (to correct misperceptions)*

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The *feedback* portion of the DFI

- Take notes with parent input - start with the circles
- Begin with parent examples of symptoms while also educating and correcting misperceptions
- Translate clinical terms/avoid using jargon
- Encourage the parents to elaborate or correct as you go

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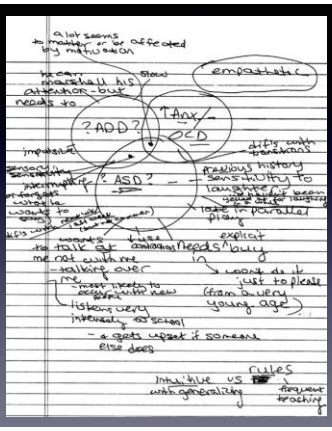

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Why this works

By encouraging parent participation and opportunities to disagree with us, in the end:

- There is nothing on this page that they don't agree with
- We aren't asking them to change **WHAT** they see in their child, we're helping them to better understand **HOW** they see their child and the sources of their difficulties

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Labeling the "Circles"/Making the Diagnosis

- Start with any known diagnoses
- Label the least surprising/least defended diagnoses – while educating the parents about how the symptoms (the ones THEY gave you) make sense
- Shift to new/unexpected diagnoses while continuing to educate, solicit new information, and ensuring the parents feel heard

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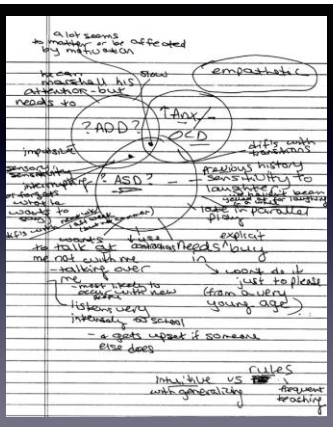

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Part 3 – Examples of how to use the DFI in Practice

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Let's Practice and Discuss

ADHD, Anxiety and (unexpected) ASD

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Draw and characterize the first 2 circles (ADHD and Anxiety)

ADHD	Anxiety
☐ Impulsive (physically and/or cognitively) ☐ Difficulties with sustained mental effort ("small gas tank") ☐ Hyperactive ☐ Difficulties remembering/following directions ☐ Procrastinates ☐ Forgets to turn in homework	☐ Easily flooded by feelings ☐ Sensitive to *perceived* criticism ☐ Can overthink directions or their own answers ☐ Is too perfectionistic ☐ Has difficulties separating from us

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But…

… draw your 3rd circle…

"You are describing a number of other symptoms that are not entirely explained by ADHD and/or Anxiety"

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Start identifying the 3rd circle

- Difficulties **understanding** sarcasm
- Intensive/restrictive interests
- Difficulties with reciprocal conversations
- Difficulties understanding other people's feelings
- Black and white thinking
- Difficulties with abstract reasoning

- Their social skills are more LEARNED than INTUITIVE

Along with some overlapping symptoms

- Decreased Tolerance for Frustration
- Sensory Sensitivities (with overlap into ADHD)

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Have you ever wondered about….

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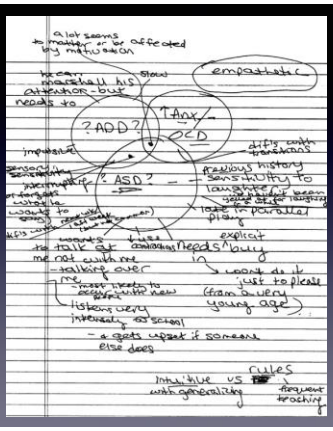

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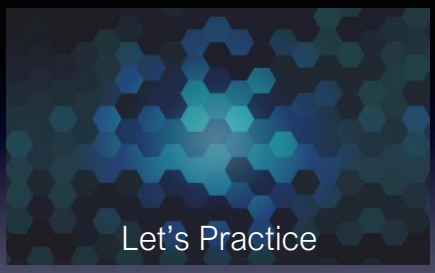

Let's Practice

Social Anxiety and ADHD
NOT Autism

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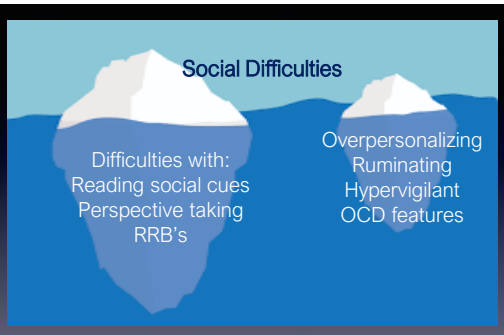

Symptoms ≠ Diagnoses

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We're not just looking for the symptoms…

We're looking for the WHY

90

Draw and characterize the first 2 circles (ADHD and Anxiety)

ADHD	Anxiety
☐ Impulsive (physically and/or cognitively) ☐ Difficulties with sustained mental effort ("small gas tank" ☐ Hyperactive ☐ Difficulties remembering/following directions ☐ Procrastinates ☐ Forgets to turn in homework	☐ Easily flooded by feelings ☐ Lack of confidence in friendships (second guessing reciprocity) ☐ Sensitive to *perceived* criticism ☐ Needs quiet time alone to "recharge"

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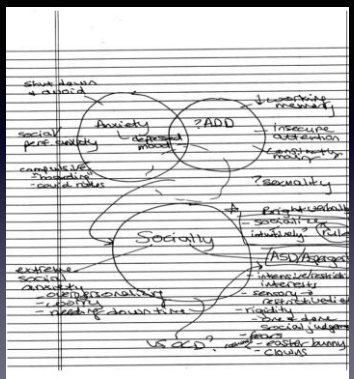

- ASD vs. OCD vs. Social Anxiety

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By using this model, instead of

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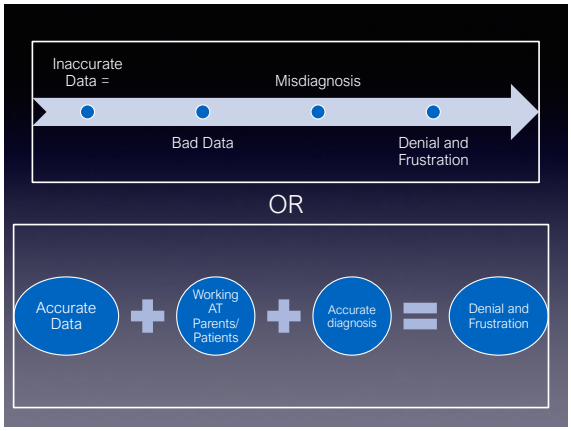

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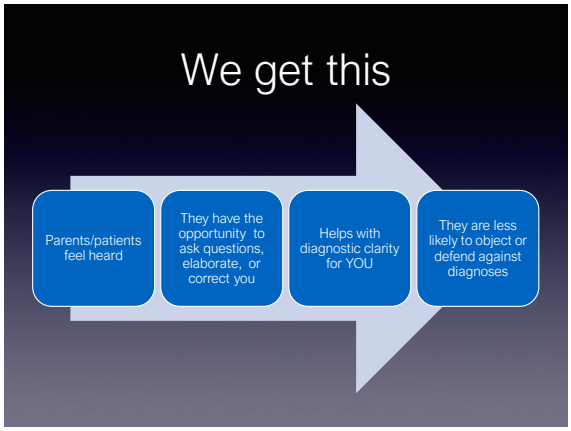

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When they need more time

Give patients/parents the opportunity to *think* about and *participate* in the diagnostic conclusions

- You THINK you're thinking right now, but really you're reacting
- Keep track of their questions – until we meet again

96

Sometimes it helps to leave the door open

97

An Invitation…

And a Challenge

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Thank you!

Kira.Armstrong@gmail.com

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Questions and Examples

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Examples of FIND

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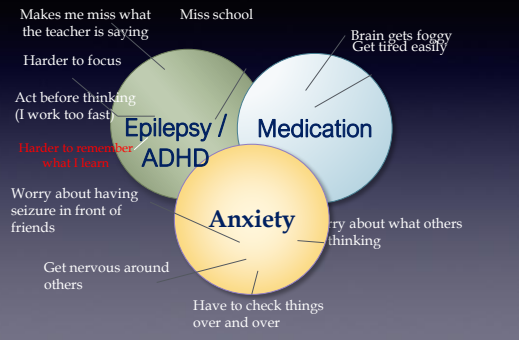
An FIND example for medical populations



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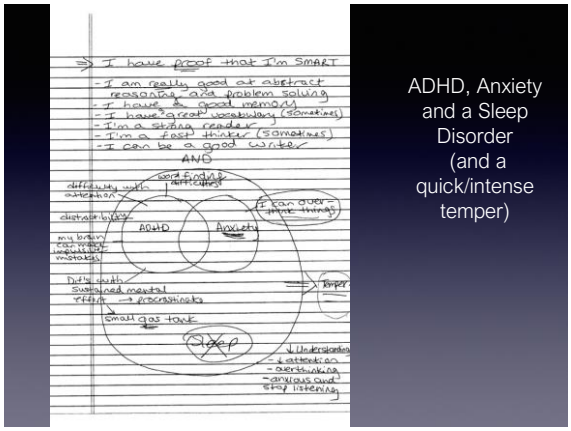
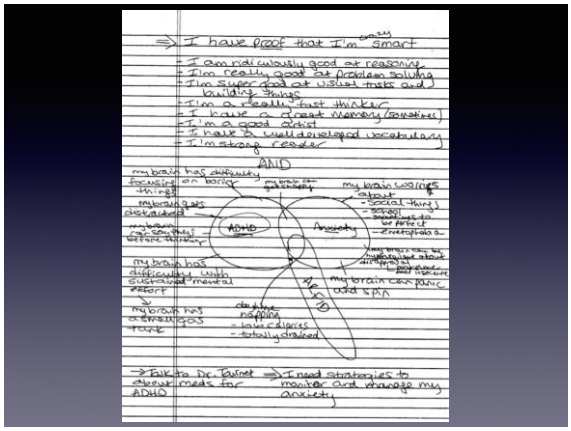
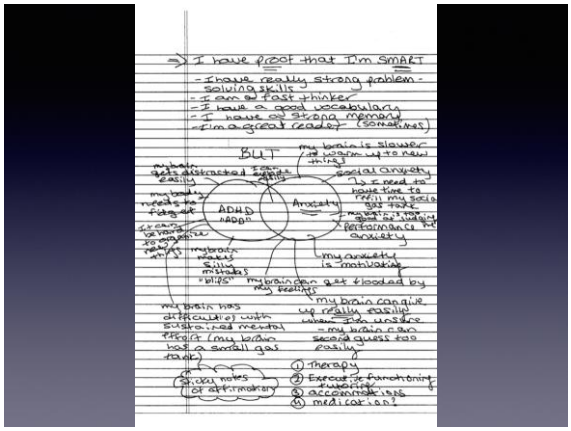


ADHD, Anxiety and a Sleep Disorder (and a quick/intense temper)

103



104



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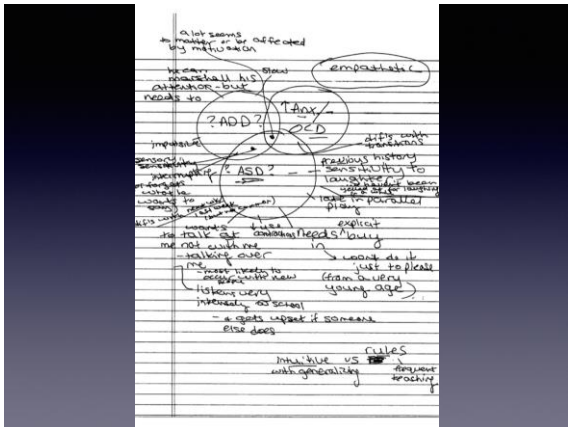
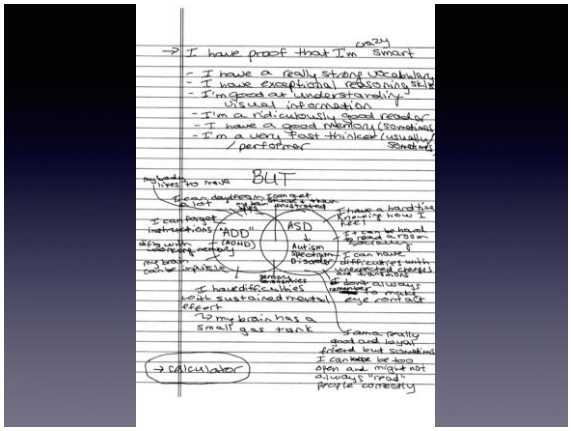
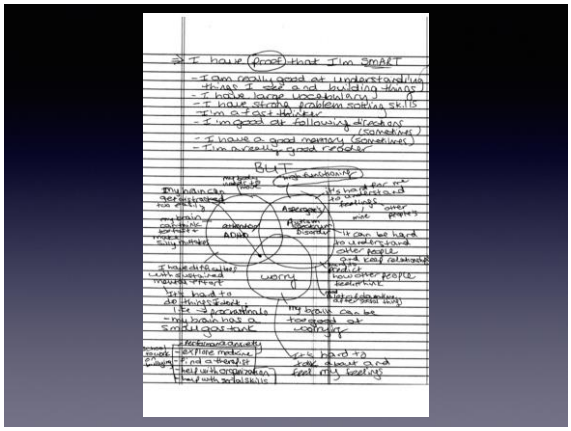

?ADD?
?Anx
?OCD
? ASD ?
empathetic
explicit
rules

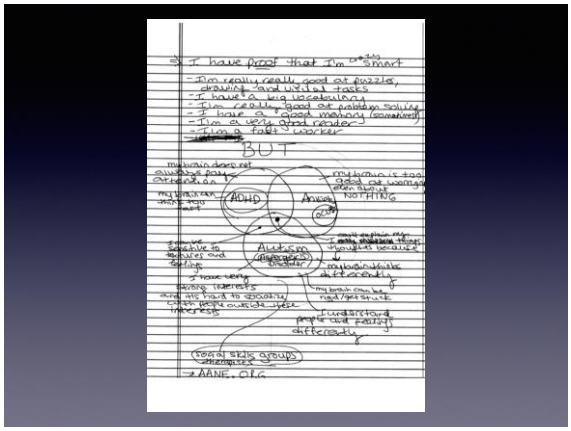
106


I have proof that I'm smart
BUT
"ADD"
ASD
I have dyscalculia

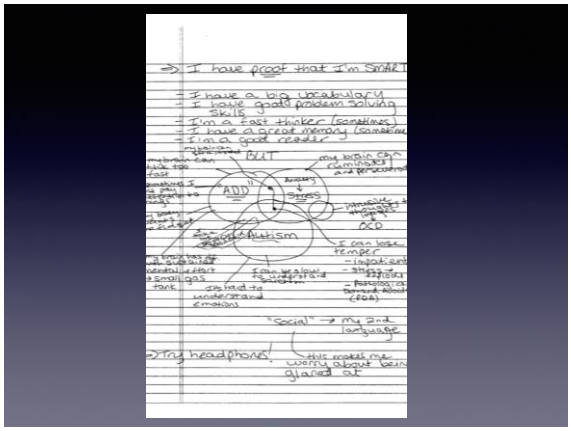
107


I have (proof) that I'm SMART
BUT
ADHD
ASD
worry

108



109



110

Examples of completed DFI's

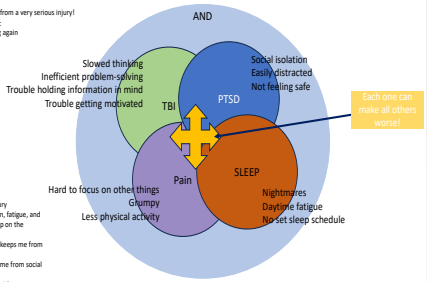
111

2-Part Example of an Adult FIND from an initial and follow-up evaluation

(From Lynette Abrams-Silva, Ph.D. ABPP)

112

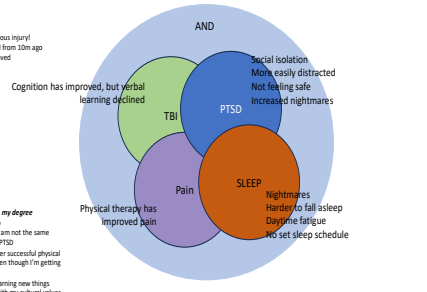
38yo RH bilingual Navajo male
Severe TBI 2* to physical assault
With complications
Delayed in f/u for ↑; very socially isolated
First eval:
I have proof that I am recovering really well from a very serious injury!
I had struggles that are improving over time:
- I can understand what I am reading again
- I can do math again
- I am able to use reasoning again
- My attention has improved



- I want to prioritize healing from brain injury
- Trouble with focus, motivation, distraction, fatigue, and feeling grumpy keep me from following up on the cranioplasty or trying college again
- Feeling overwhelmed and not motivated keeps me from wearing the helmet
- Feeling scared, boring, and spacey keeps me from social interaction
- *I have proof (above) that I can follow up with cranioplasty, I can take it one step at a time.*
- (But I don't think I have PTSD and I don't think I need tx)

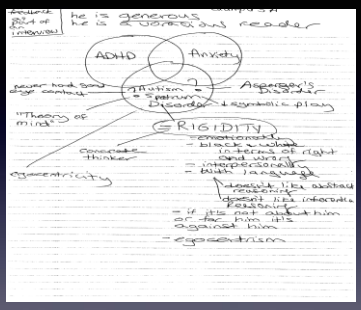
113

38yo RH bilingual Navajo male
Severe TBI 2* to physical assault
With complications
Delayed in f/u for ↑; very socially isolated
Second eval:
I have recovered really well from a very serious injury!
- My processing speed has improved from 10m ago
- My problem-solving has also improved



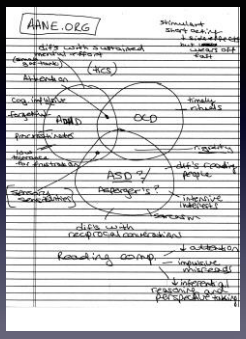
- ***I want to return to college and complete my degree***
- You don't need to go to war to have PTSD
- My mom has told me I seem "down" and am not the same outgoing person I was, and this could be PTSD
- PTSD can continue to impact a person after successful physical healing, and could be why I feel worse even though I'm getting physically better
- PTSD can be associated with problems learning new things
- I can get treatment for PTSD consistent with my cultural values
- *I have good thinking and memory abilities to accept and address PTSD, and family and tribal support to do it*

114



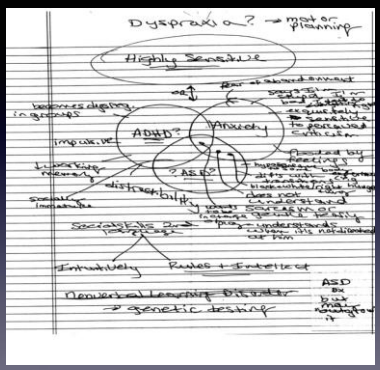
Possible ASD

115



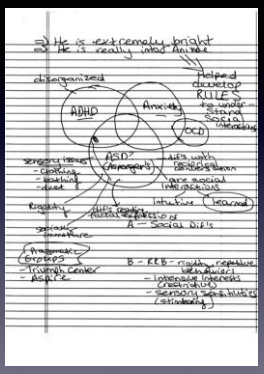
Explaining ASD to a parent

116



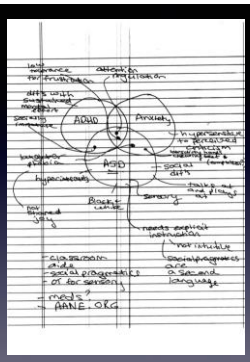
ASD – not "highly sensitive"

117



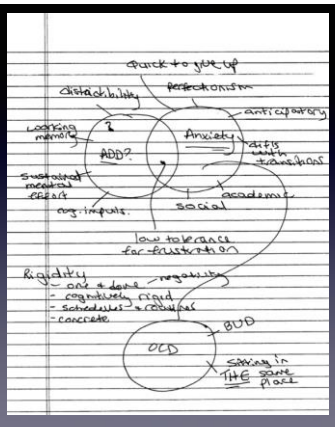
- Explaining a ew ASD diagnosis

118

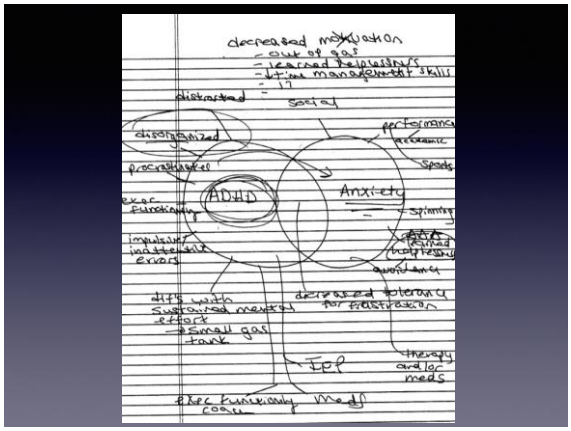


Explaining ASD

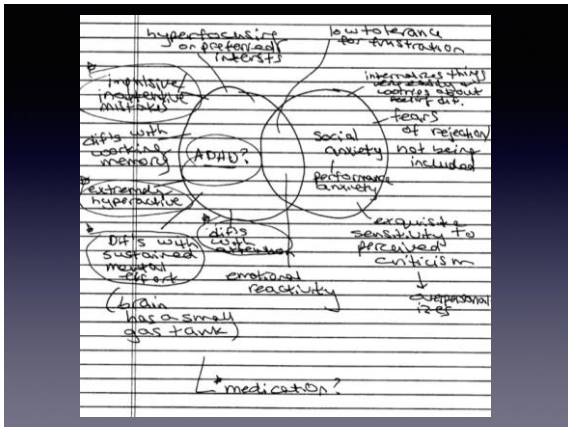
119



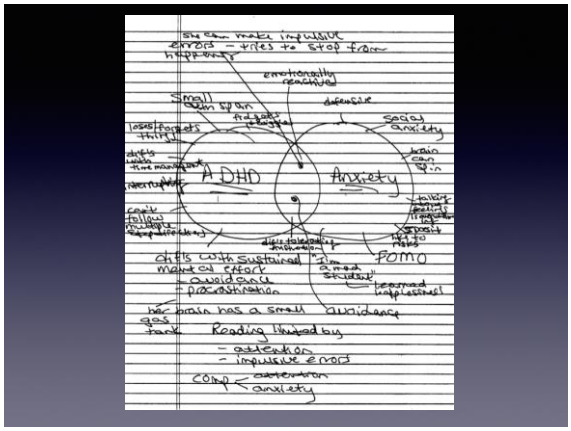
120


ADHD
Anxiety
distracted
disorganized
procrastination
exec dysfunction
impulsivity
inattentive errors
diffs with sustained mental effort
small gas tank
decreased tolerance for frustration
social
performance
Speech
spinning
avoidance
ERP
therapy and/or meds
exec dysfunction meds

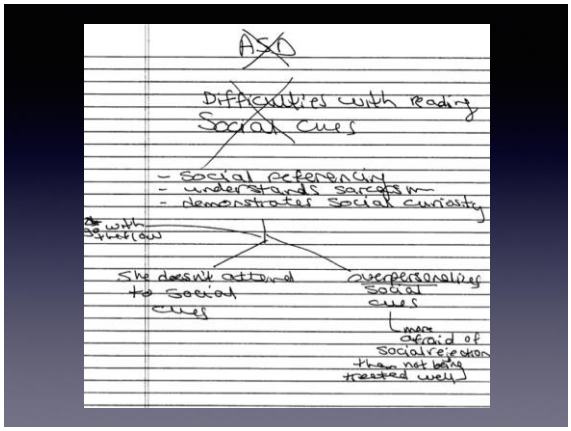
121


hyperfocusing on preferred interests
low tolerance for frustration
impulsive/ inconsiderate mistakes
diffs with working memory
ADHD?
Social anxiety
performance anxiety
tears of rejection
not being included
extremely hyperactive
diffs with attention
Diffs with sustained mental effort
exquisite sensitivity to perceived criticism
overpersonalizes
emotional reactivity
(brain has a small gas tank)
medication?

122


ADHD
Anxiety
emotionally sensitive
defensive
social anxiety
FOMO
diffs with sustained mental effort
avoidance
procrastination
her brain has a small gas tank
Reading limited by
- attention
- impulsive errors
COMP - attention
- anxiety

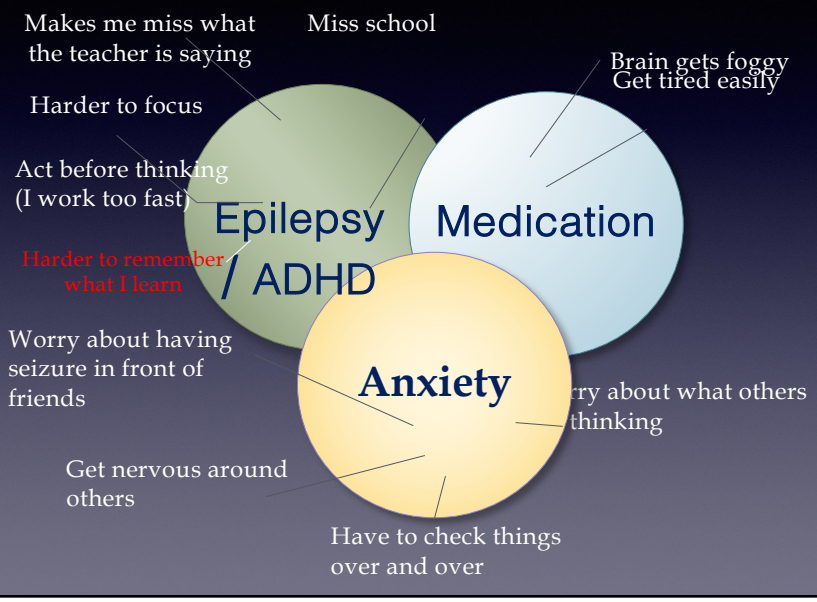
123


ASD
Difficulties with reading Social Cues
- Social referencing
- understands sarcasm
- demonstrates social curiosity
with Schizoid
She doesn't attend to Social cues
Overpersonalizing Social cues
more afraid of Social rejection than not being treated well

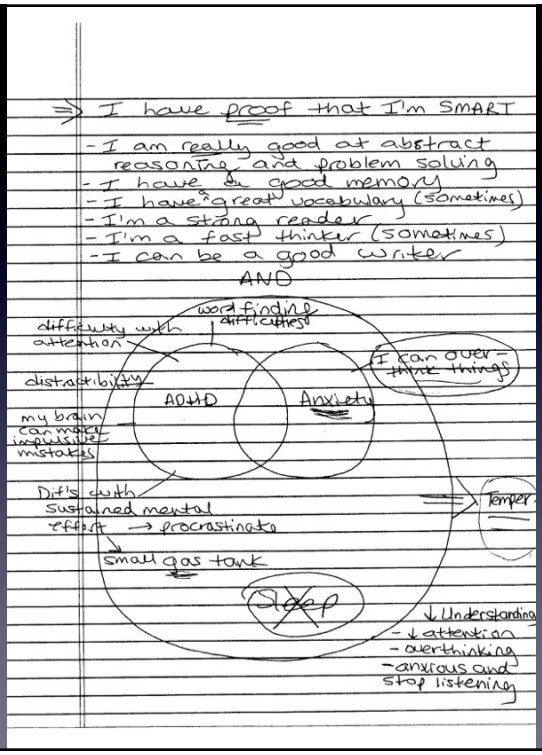
Examples of FIND

97

An FIND example for medical populations

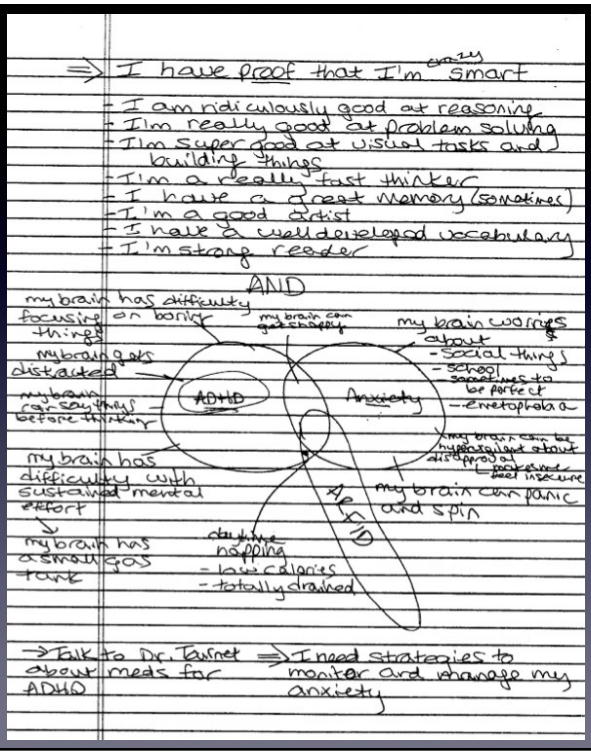


98

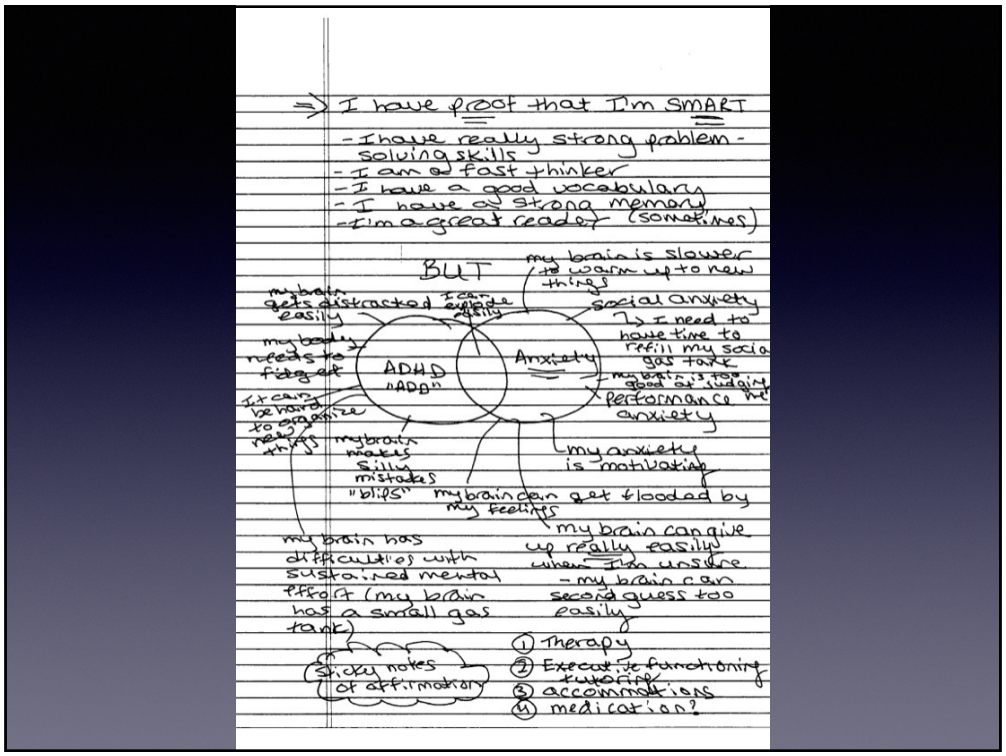


ADHD, Anxiety and a Sleep Disorder (and a quick/intense temper)

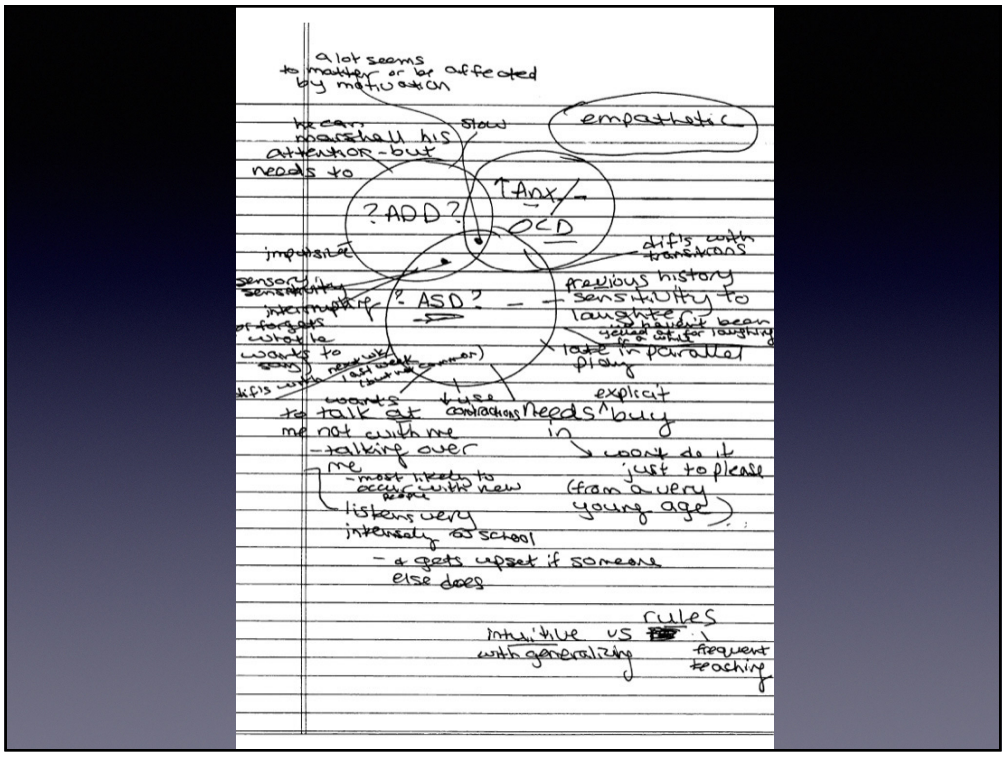
99



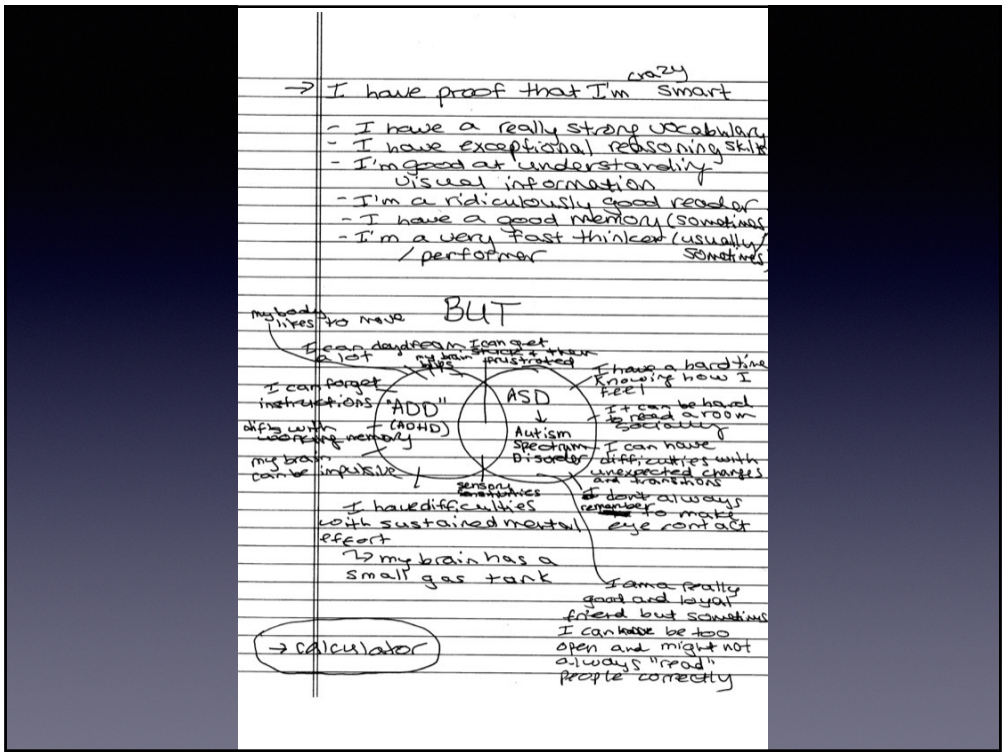
100


I have proof that I'm SMART
- I have really strong problem-solving skills
- I am a fast thinker
- I have a good vocabulary
- I have a strong memory
- I'm a great reader (sometimes)
BUT
my brain is slower to warm up to new things
social anxiety
I need to have time to refill my social gas tank
my brain is too good at judging performance
performance anxiety
my brain gets distracted easily
I can hyperfocus easily
my body needs to fidget
ADHD "ADD"
Anxiety
it can be hard to organize my things
my brain makes silly mistakes "blips"
my brain can get flooded by my feelings
my anxiety is motivating
my brain can give up really easily when I'm unsure
- my brain can second guess too easily
my brain has difficulties with sustained mental effort (my brain has a small gas tank)
sticky notes of affirmations
1 therapy
2 Executive functioning tutoring
3 accommodations
4 medication?

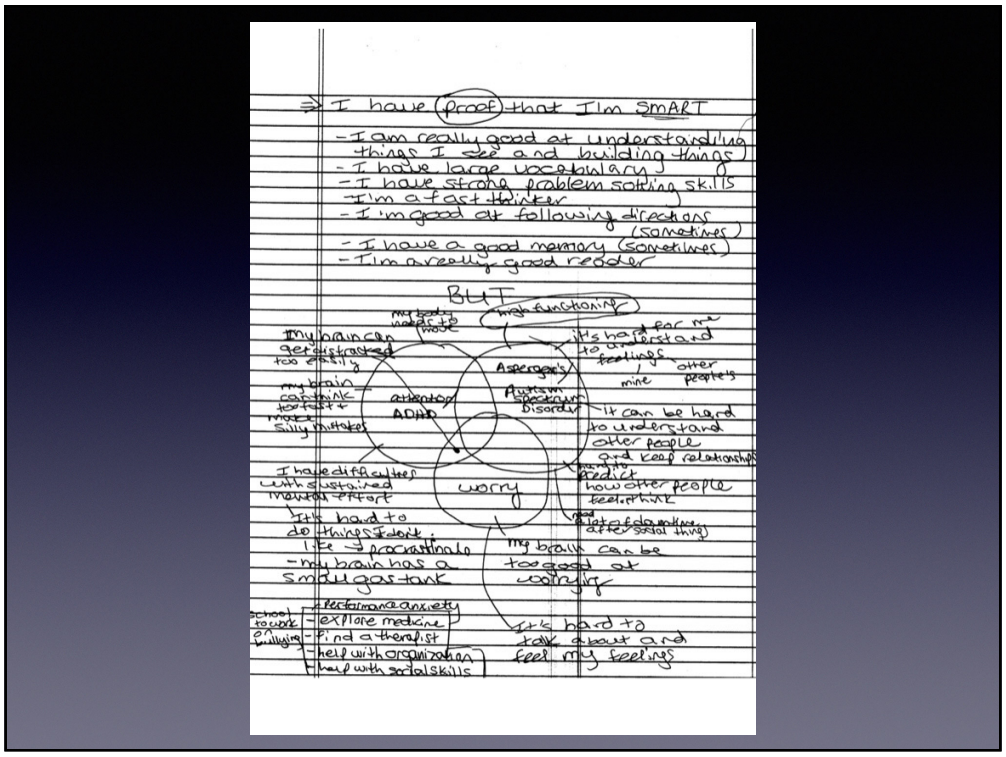
101


a lot seems to matter or be affected by motivation
empathetic
slow
can marshall his attention - but needs to
?ADD?
↑Anx/→ OCD
impulsive
difs with transitions
sensory sensitivity
interrupts
?ASD?
previous history
sensitivity to laughter
late in parallel play
explicit
needs ^ bully in
↳ won't do it just to please (from a very young age)
wants to talk at me not with me
- talking over
uses contractions
me
- most likely to accept with new peers
listens very intensely at school
- gets upset if someone else does
rules
intuitive vs
with generalizing
frequent teaching

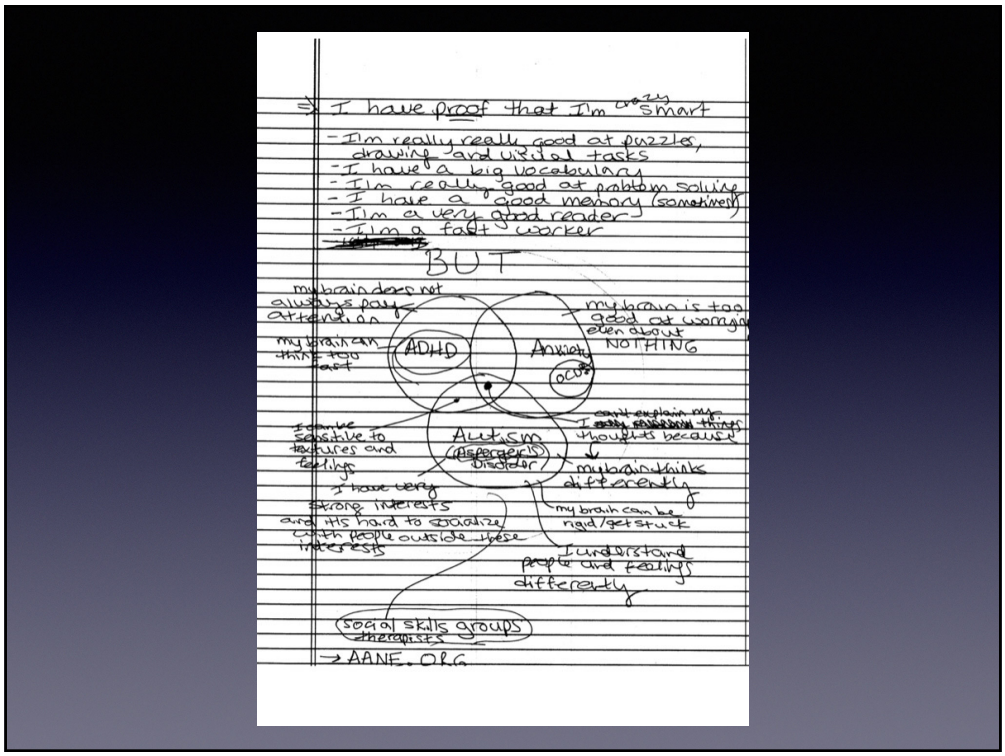
102


I have proof that I'm crazy smart
- I have a really strong vocabulary
- I have exceptional reasoning skills
- I'm good at understanding visual information
- I'm a ridiculously good reader
- I have a good memory (sometimes)
- I'm a very fast thinker (usually) / performer sometimes
BUT
my body likes to move
I can daydream. I can get distracted & then get frustrated
I have a hard time knowing how I feel
I can forget instructions
"ADD" (ADHD)
ASD
Autism Spectrum Disorder
I can be bored
I'm good at reading a room socially
I can have difficulties with unexpected changes and transitions
diffs with working memory
my brain can be impulsive
sensory sensitivities
I don't always remember to make eye contact
I have difficulties with sustained mental effort
my brain has a small gas tank
I am a pretty good and loyal friend but sometimes I can be too open and might not always "read" people correctly
→ calculator

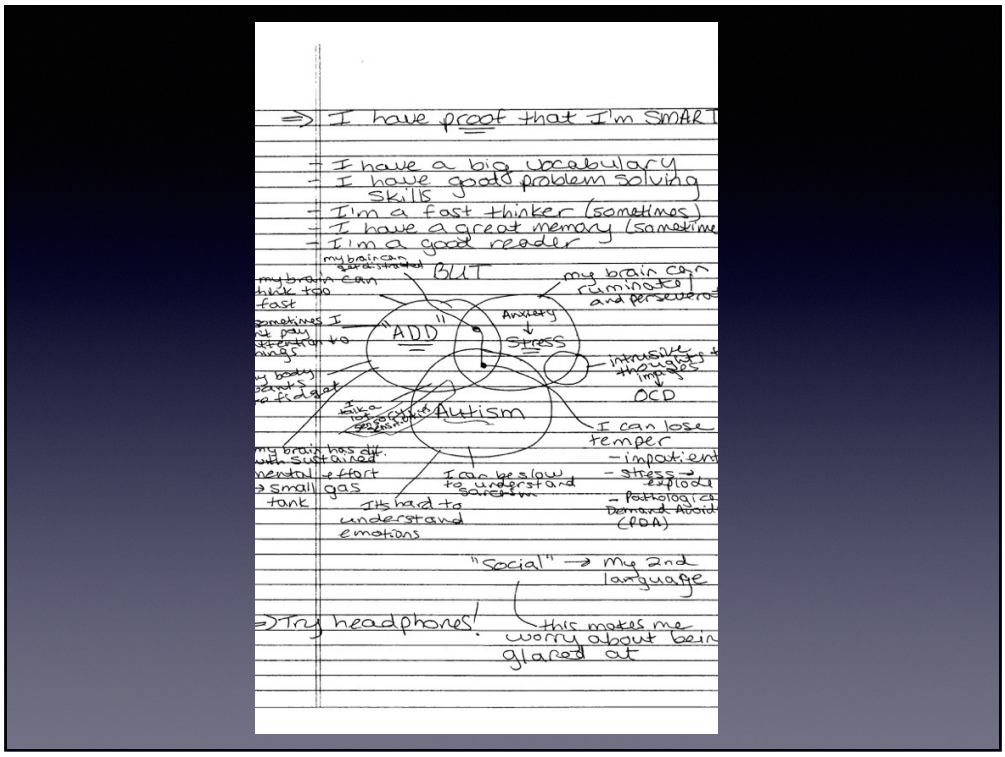
103


I have proof that I'm SMART
- I am really good at understanding things I see and building things
- I have large vocabulary
- I have strong problem solving skills
- I'm a fast thinker
- I'm good at following directions (sometimes)
- I have a good memory (sometimes)
- I'm a really good reader
BUT
my body likes to move
my brain functioning
my brain can get distracted too easily
my brain can think too fast + make silly mistakes
attention ADHD
Asperger's Autism spectrum disorder
It's hard for me to understand feelings - mine other people's
It can be hard to understand other people and keep relationships
I have difficulties with sustained mental effort
worry
It's hard to do things I don't like → procrastination
- my brain has a small gas tank
my brain can be too good at worrying
It's hard to talk about and feel my feelings
school to work bullying
- performance anxiety
- explore medicine
- find a therapist
- help with organization
- help with social skills

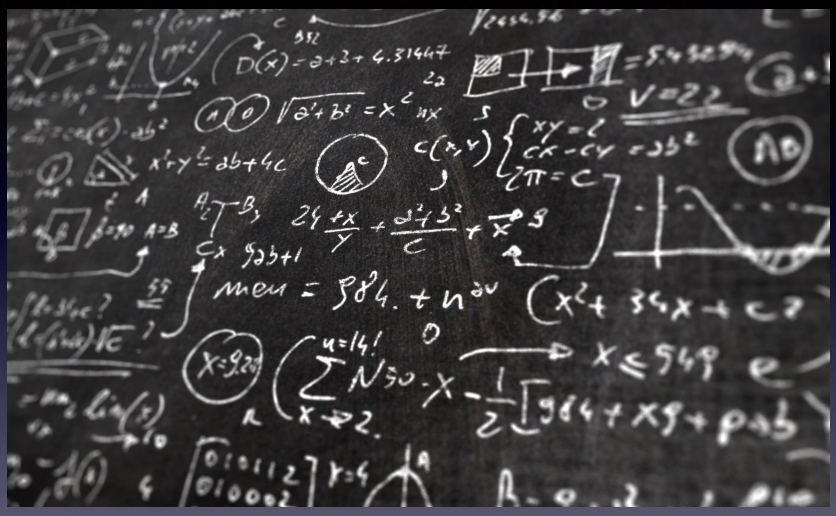
104


I have proof that I'm crazy smart
- I'm really really good at puzzles, drawing and visual tasks
- I have a big vocabulary
- I'm really good at problem solving
- I have a good memory (sometimes)
- I'm a very good reader
- I'm a fast worker
BUT
my brain does not always pay attention
my brain can think too fast
ADHD
Anxiety
OCD
my brain is too good at worrying even about NOTHING
Autism
Asperger's Disorder
I can be sensitive to textures and feelings
I have very strong interests and it's hard to socialize with people outside those interests
I can't explain why I think things because
my brain thinks differently
my brain can be rigid/get stuck
I understand people and feelings differently
social skills groups
AANE.ORG

105


I have proof that I'm SMART
- I have a big vocabulary
- I have good problem solving skills
- I'm a fast thinker (sometimes)
- I have a great memory (sometime
- I'm a good reader
my brain can
BUT
my brain can ruminate and persevere
my brain thinks too fast
"ADD"
Anxiety
Stress
intrusive thoughts
OCD
Autism
I can lose temper
- impatient
- stress
- Pathological Demand Avoid (PDA)
my brain has with sustained mental effort
small tank
gas
I can be slow to understand social
It's hard to understand emotions
"Social" → my 2nd language
Try headphones!
this makes me worry about bein glared at

106



Examples of completed DFI's

107

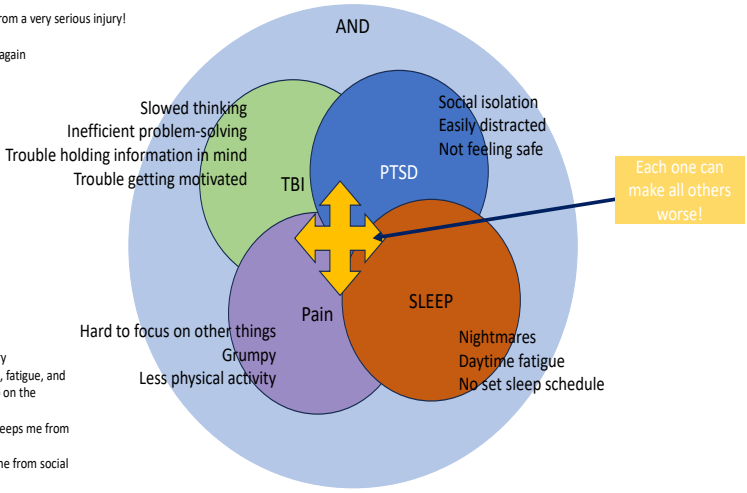
2-Part Example of an Adult FIND from an initial and follow-up evaluation

(From Lynette Abrams-Silva, Ph.D. ABPP)

108

38yo RH bilingual Navajo male
Severe TBI 2* to physical assault
With complications
Delayed in f/u for i; very socially isolated
First eval:
I have proof that I am recovering really well from a very serious injury!
I had struggles that are improving over time:

- I can understand what I am reading again
- I can do math again
- I am able to use reasoning again
- My attention has improved

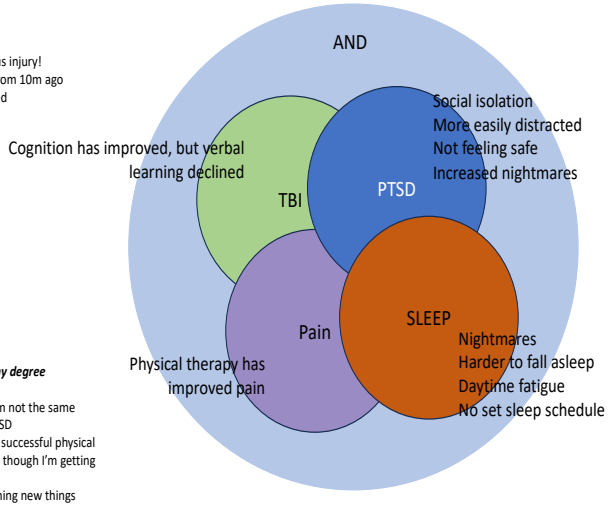


- I want to prioritize healing from brain injury
- Trouble with focus, motivation, distraction, fatigue, and feeling grumpy keep me from following up on the cranioplasty or trying college again
- Feeling overwhelmed and not motivated keeps me from wearing the helmet
- Feeling scared, boring, and spacey keeps me from social interaction
- *I have proof (above) that I can follow up with cranioplasty, I can take it one step at a time.*
- (But I don't think I have PTSD and I don't think I need tx)

109

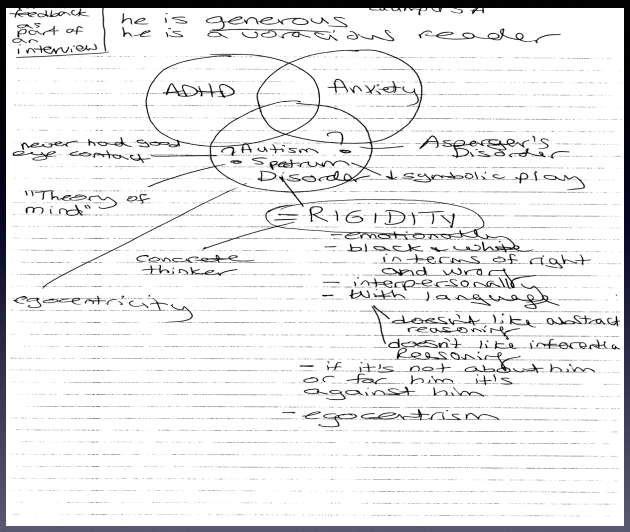
38yo RH bilingual Navajo male
Severe TBI 2* to physical assault
With complications
Delayed in f/u for i; very socially isolated
Second eval:
I have recovered really well from a very serious injury!

- My processing speed has improved from 10m ago
- My problem-solving has also improved



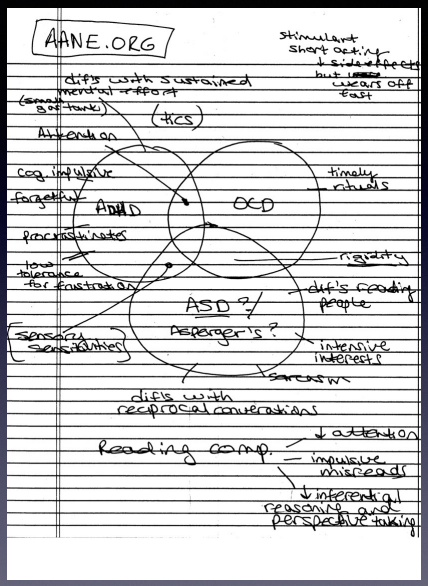
- ***I want to return to college and complete my degree***
- You don't need to go to war to have PTSD
- My mom has told me I seem "down" and am not the same outgoing person I was, and this could be PTSD
- PTSD can continue to impact a person after successful physical healing, and could be why I feel worse even though I'm getting physically better
- PTSD can be associated with problems learning new things
- I can get treatment for PTSD consistent with my cultural values
- *I have good thinking and memory abilities to accept and address PTSD, and family and tribal support to do it*

110



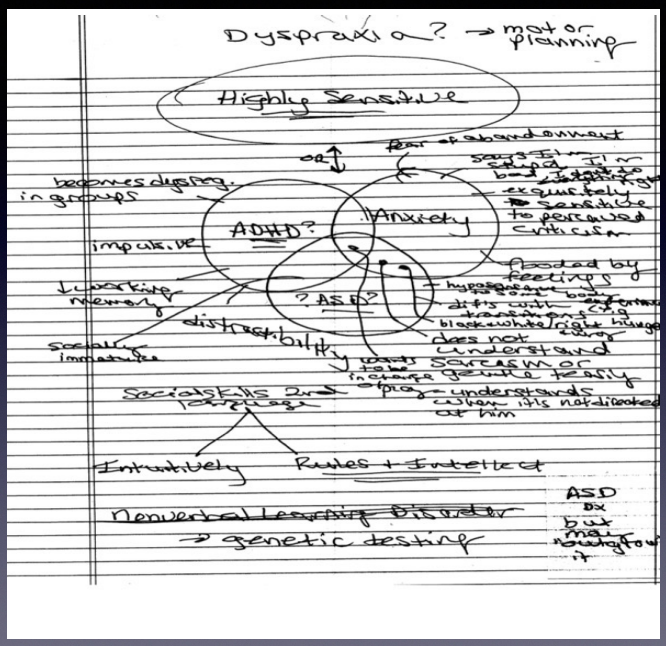
Possible ASD

111



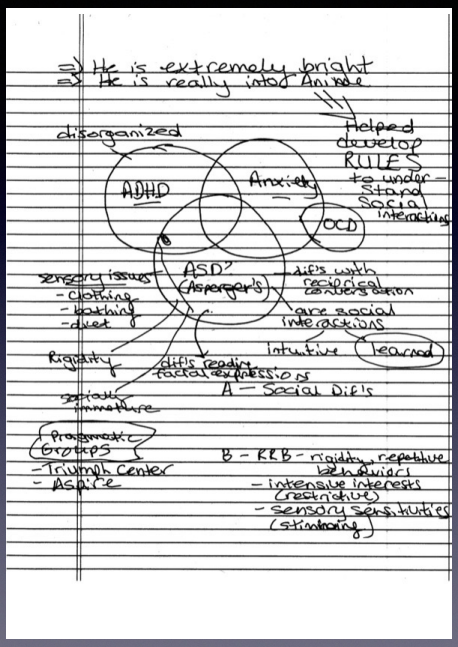
Explaining ASD to a parent

112



ASD – not "highly sensitive"

113



- Explaining a ew ASD diagnosis

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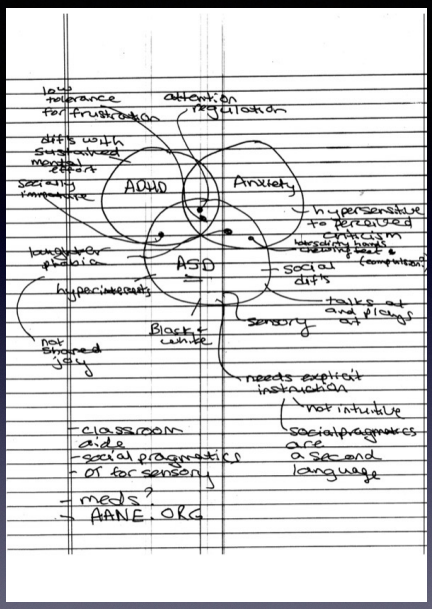
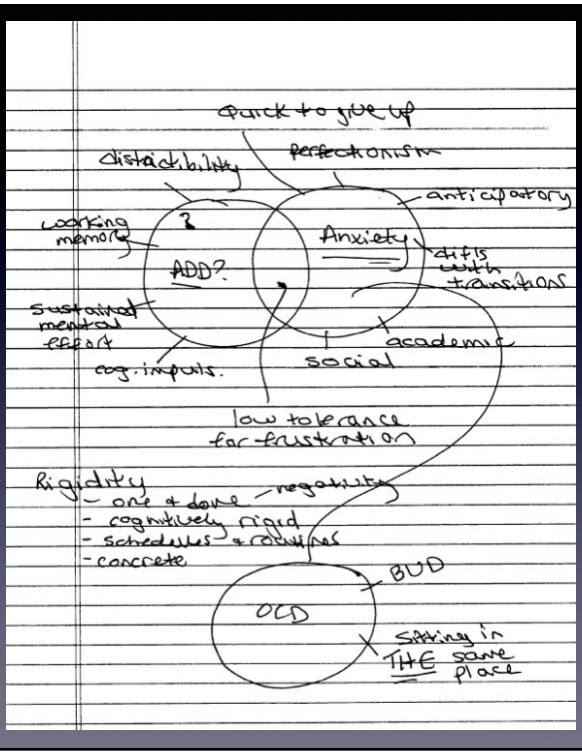


Explaining ASD

115



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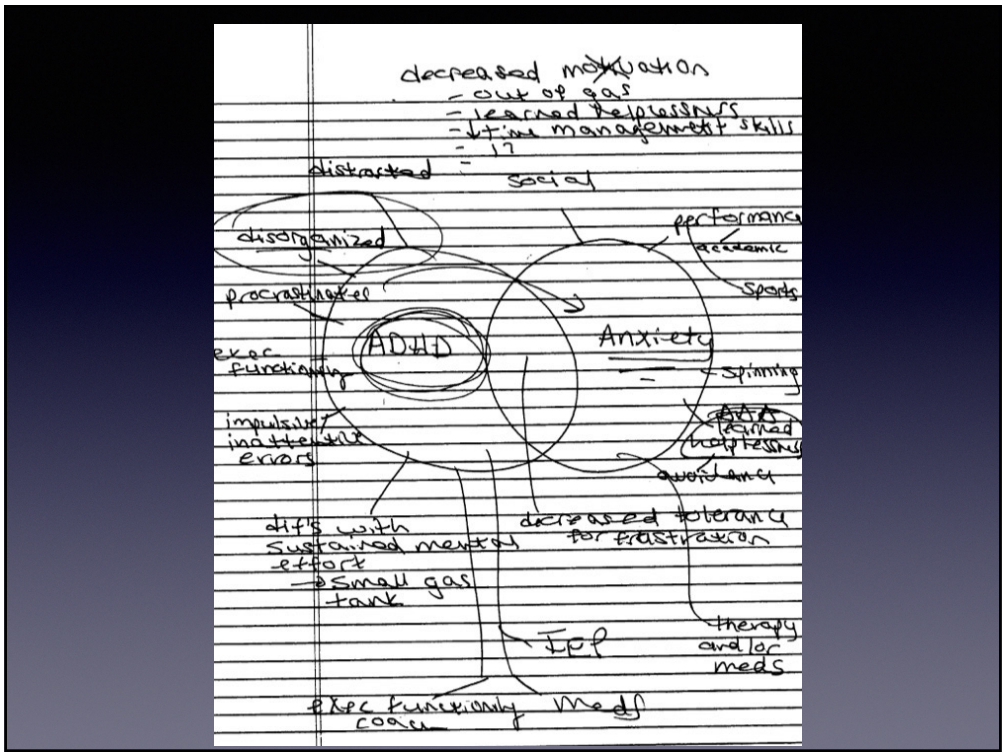
decreased motivation
- out of gas
- learned helplessness
- time management skills
- ?
distracted
social
disorganized
performance
academic
sports
procrastinated
ADHD
Anxiety
exec functioning
spinning
impulsive
inattentive
errors
avoidance
decreased tolerance for frustration
diff's with sustained mental effort
→ small gas tank.
Tx?
therapy and/or meds
exec functioning coach
Meds

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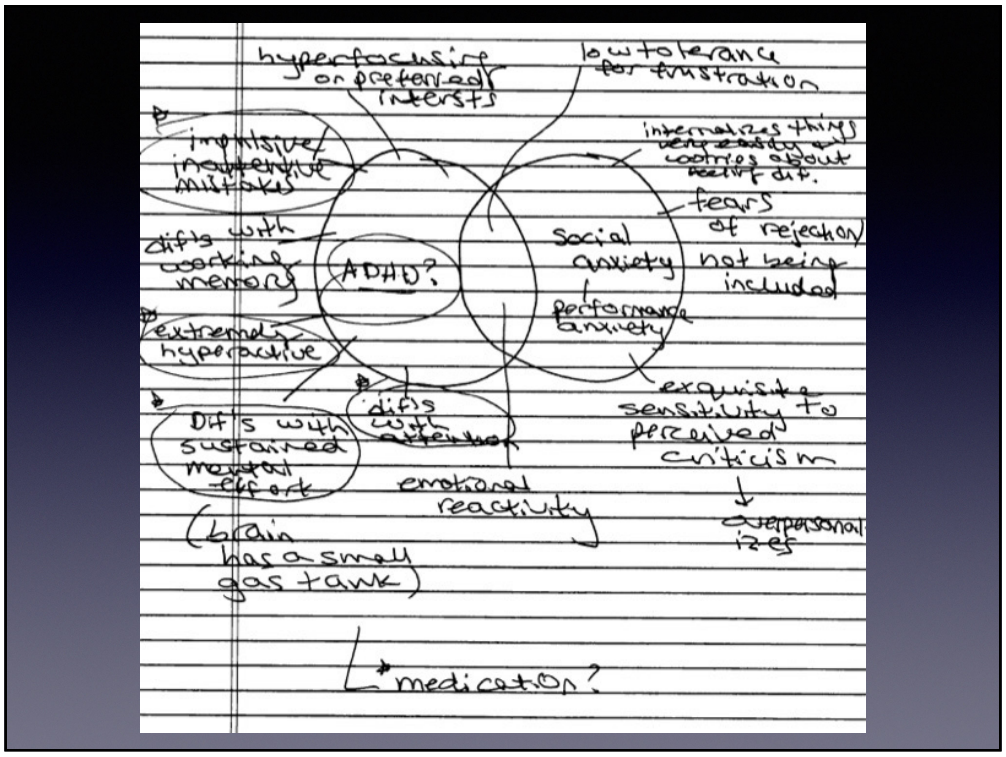
hyperfocusing on preferred interests
low tolerance for frustration
impulsive/ inattentive mistakes
internalizes things
fears of rejection
not being included
diffs with working memory
ADHD?
Social anxiety
performance anxiety
extremely hyperactive
exquisite sensitivity to perceived criticism
diffs with attention
Diff's with sustained mental effort
emotional reactivity
overpersonalizes
(brain has a small gas tank)
medication?

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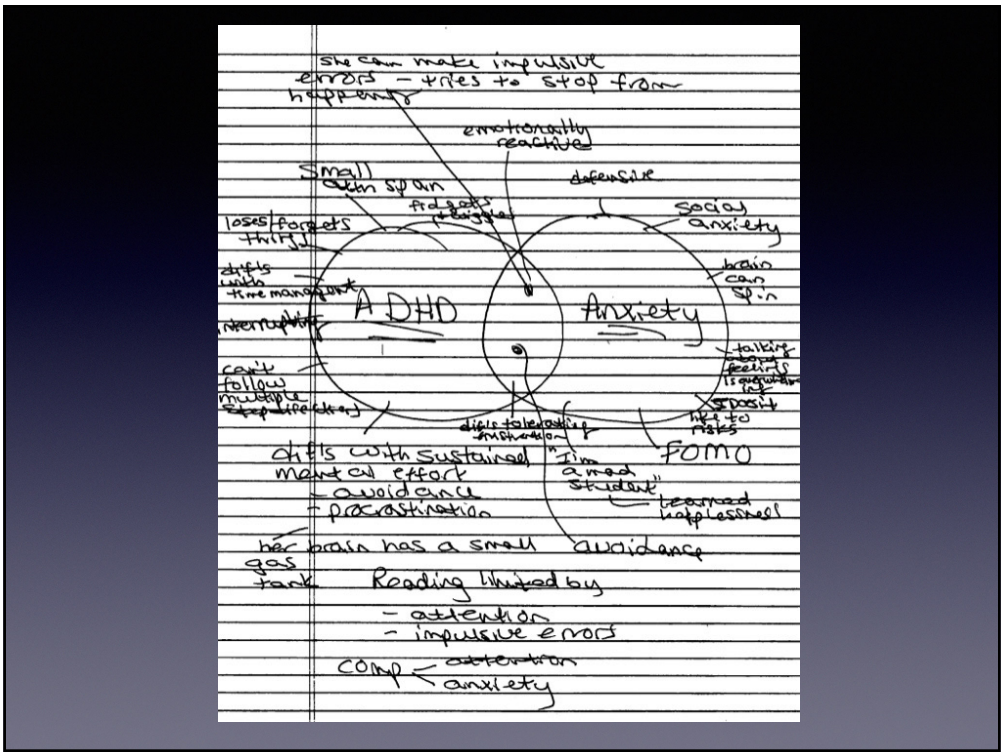
She can make impulsive errors - tries to stop from happening
emotionally reactive
defensive
social anxiety
loses/forgets things
brain can't sit still
ADHD
Anxiety
can't follow multiple step directions
talking feelings is difficult
FOMO
diffic tolerating frustration
"I'm a good student"
learned helplessness
diffs with sustained mental effort
- avoidance
- procrastination
her brain has a small gas tank
avoidance
Reading limited by
- attention
- impulsive errors
comp ← attention
anxiety

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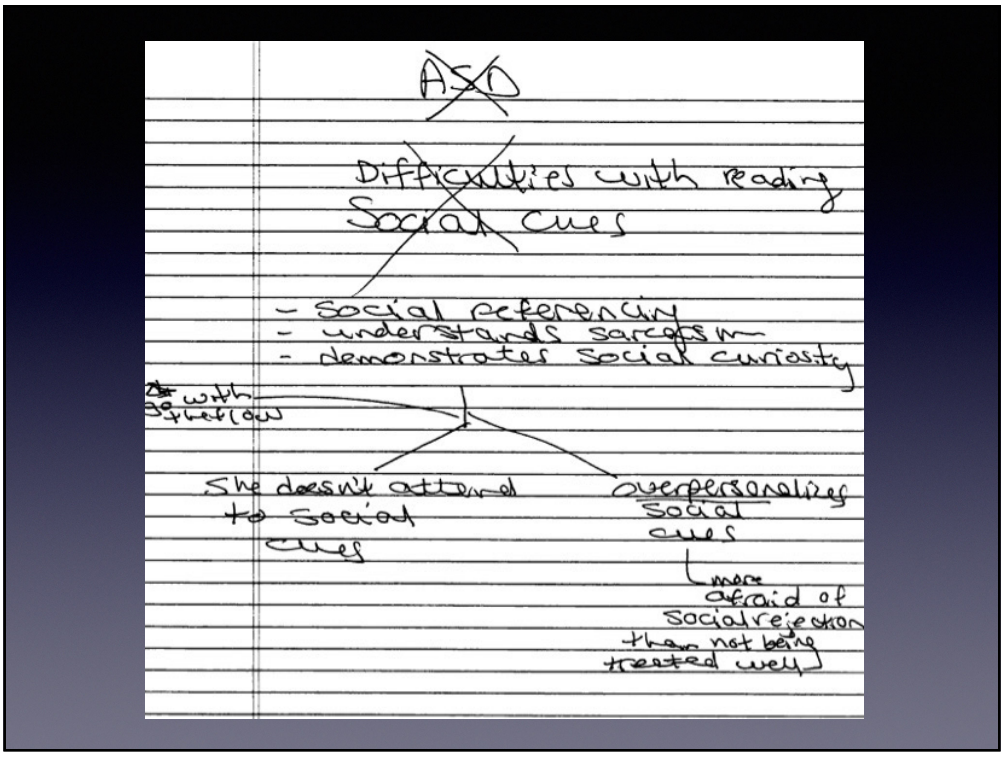
ASD
Difficulties with Reading Social Cues
- social referencing
- understands sarcasm
- demonstrates social curiosity
with follow
She doesn't attend to social cues
overpersonalizes social cues
more afraid of social rejection than not being treated well

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Collaborative Feedback Strategies that Stick – Even with our More Challenging Patients
AACN 2025 Keynote Presentation

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