

# Understanding Psychological and Neuropsychological Evaluations: Practical Applications for Vocational Rehabilitation Counselors



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Dr. Sam Goldstein is a Utah-based pediatric neuropsychologist, author, professor, and clinical director specializing in child and adult neuropsychological care.

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# DR. SAM GOLDSTEIN

Neuropsychologist - Author  
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## Keep in touch with Dr. Goldstein

Occasionally, I will send out journals for Forensic Updates on Matters of Neuropsychology and great information for parents.

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# Learning Objectives

- Differentiate psychological and neuropsychological evaluations.
- Understand common assessment tools and what they measure. Interpret key components of evaluation reports.
- Explain provisional, rule-out, and differential diagnoses.
- Recognize cultural and communication considerations in assessment.
- Understand how assessment findings support vocational planning and rehabilitation services.
- Identify appropriate referral questions and collaborate effectively with evaluators.



# Why Assessments Matter in Vocational Rehabilitation

- Eligibility determination
- Functional limitations
- Accommodation planning
- Return-to-work decisions
- Career planning
- Training recommendations

How do you currently use neuropsychological reports?



# Psychological vs. Neuropsychological Evaluations: Purpose and Typical Referral Questions

# Components of Psychological Evaluation

- Clinical interview
- Behavioral observations
- Psychological testing
- Personality measures
- Diagnostic impressions
- Recommendations

# What is a Neuropsychological Evaluation?

- A **neuropsychological evaluation** is a comprehensive assessment of how the brain is functioning by measuring a person's cognitive, behavioral, emotional, and psychological abilities using standardized tests. It is conducted by a **neuropsychologist**, a psychologist with specialized training in brain-behavior relationships.
- Unlike brain imaging studies (such as MRI or CT scans), which show the brain's physical structure, a neuropsychological evaluation assesses **how well the brain works** in everyday functioning. The evaluation helps identify cognitive strengths and weaknesses, determine whether changes in thinking or behavior are related to a neurological or psychological condition, and guide treatment, rehabilitation, educational, and vocational planning.

# Areas Commonly Assessed

- Attention and concentration
- Learning and memory
- Language abilities
- Executive functioning (e.g. planning, organization, problem-solving, cognitive flexibility)
- Processing speed
- Visual-spatial and perceptual skills
- Motor coordination and dexterity
- Intellectual functioning Emotional and behavioral functioning

# Why Is a Neuropsychological Evaluation Ordered?

- Traumatic brain injury (TBI)
- Stroke
- Dementia or mild cognitive impairment
- Multiple sclerosis
- Epilepsy
- Parkinson's disease Brain tumors
- ADHD Learning disorders Cognitive changes associated
- Autism
- With medical illness (e.g., long COVID, chemotherapy)
- Questions about decision-making capacity or functional independence

# Components of the Neuropsych Evaluation

- Review of medical, educational, and occupational records
- Clinical interview
- Behavioral observations
- Administration of standardized cognitive and psychological tests
- Interpretation of results in the context of the individual's history and functioning
- Written report with diagnostic impressions and recommendations

## Key Point for Vocational Rehabilitation Counselors

A neuropsychological evaluation focuses on **functional cognitive abilities** that affect work performance. Rather than simply identifying a diagnosis, it provides practical information about an individual's capacity to learn new tasks, maintain attention, solve problems, manage multiple demands, remember instructions, and benefit from workplace accommodations and rehabilitation services.



# Psychological vs. Neuropsychological Evaluation

| Feature           | Psychological Evaluation                                                                                          | Neuropsychological Evaluation                                                                                                                               |
|-------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Primary Purpose   | Assess emotional, behavioral, personality, and mental health functioning to aid diagnosis and treatment planning. | Assess cognitive functioning and the relationship between brain function and behavior to identify strengths, weaknesses, and functional limitations.        |
| Primary Focus     | Mood, anxiety, personality, trauma, behavior, thought processes, and psychological adjustment.                    | Attention, memory, executive functioning, language, processing speed, visuospatial skills, motor functioning, and other cognitive abilities.                |
| Common Tests Used | MMPI-3, PAI, BDI-II, BAI, MCMI-IV, clinical interviews, behavioral rating scales.                                 | WAIS-IV, WMS-IV, D-KEFS, Trail Making Test, Wisconsin Card Sorting Test, CVLT-3, RBANS, Boston Naming Test, Rey Complex Figure, performance validity tests. |
| Typical Length    | Approximately <b>2–6 hours</b> , depending on the referral question and assessment needs.                         | Approximately <b>4–8+ hours</b> , often completed over one or more sessions due to the breadth of cognitive testing.                                        |

# Psychological vs. Neuropsychological Evaluation

## Typical Referral Reasons

Depression, anxiety, PTSD, ADHD, personality disorders, behavioral concerns, diagnostic clarification, fitness for duty, disability evaluations.

Traumatic brain injury (TBI), stroke, dementia, epilepsy, multiple sclerosis, Parkinson's disease, brain tumors, cognitive decline, learning disorders, long COVID, ADHD, medical conditions affecting cognition.

## Clinical Outcomes

Mental health diagnosis, treatment recommendations, psychotherapy planning, medication considerations, behavioral interventions, disability or fitness evaluations.

Cognitive profile, diagnostic clarification, assessment of functional capacity, rehabilitation recommendations, educational or workplace accommodations, return-to-work planning, baseline for monitoring cognitive change.

## Primary Provider

Licensed psychologist (clinical, counseling, or school psychologist, depending on the setting).

Licensed clinical neuropsychologist with specialized training in brain-behavior relationships and neuropsychological assessment.

## Application to Vocational Rehabilitation

Identifies emotional or behavioral factors that may affect employment, adjustment, motivation, and workplace functioning.

Identifies cognitive strengths and limitations that affect job performance, learning capacity, need for accommodations, vocational training, and return-to-work planning.

Psychological evaluations primarily answer the question, "What mental health or behavioral factors are affecting this individual?"

Neuropsychological evaluations answer the question, "How is this person's brain functioning, and how do those cognitive abilities affect daily life and work?"

Neuropsychological evaluations focus on function, not just diagnosis. They provide practical information about how cognitive strengths and weaknesses affect an individual's ability to work, learn, and live independently.

## Key Point for Tests

- **No single test provides a diagnosis:** results are interpreted together with the clinical interview, behavioral observations, medical history, and collateral information.
- **Scores should always be interpreted in context**, considering age, education, culture, language proficiency, and medical or psychiatric history. **The goal is to understand functional abilities**, not simply to generate scores, so recommendations can support effective treatment, accommodations, and vocational planning.

# Assessment Tools

| Assessment Domain        | Common Tests                                             | What the Tests Measure                                                                                          | Relevance to Vocational Rehabilitation                                                                                       |
|--------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Intellectual Functioning | WAIS-IV, WISC-V (children/adolescents), Stanford-Binet 5 | Overall intellectual ability (IQ), verbal comprehension, visual reasoning, working memory, and processing speed | Estimates learning potential, problem-solving ability, and cognitive strengths and weaknesses relevant to work and training. |
| Academic Achievement     | Woodcock-Johnson IV (WJ-IV), WIAT-4                      | Reading, writing, mathematics, and academic achievement                                                         | Identifies learning disabilities, educational needs, and readiness for vocational training or postsecondary education.       |
| Memory                   | WMS-IV, CVLT-3, RBANS                                    | Immediate and delayed memory, verbal and visual learning, recognition, and recall                               | Assesses the ability to learn new job tasks, retain instructions, and remember workplace information.                        |

# Assessment Tools

## Executive Functioning

**D-KEFS**, Trail Making Test (Part B), Wisconsin Card Sorting Test (WCST), Stroop Color-Word Test, Cognitive Assessment System 2 (CAS 2)

Planning, organization, cognitive flexibility, inhibition, problem-solving, and multitasking

Evaluates higher-order thinking skills needed for independent work, decision-making, and adapting to workplace demands.

## Attention & Processing Speed

Continuous Performance Test (CPT), Digit Span (WAIS-IV), Coding, Symbol Search

Sustained attention, concentration, working memory, mental efficiency, and processing speed

Determines the ability to maintain focus, follow instructions, complete tasks efficiently, and work at an appropriate pace.

## Mood & Personality

**MMPI-3**, **PAI**, **BDI-II**, **BAI**

Depression, anxiety, personality characteristics, emotional functioning, and psychological symptoms

Identifies emotional factors that may affect work performance, coping, treatment planning, and workplace accommodations.

## Adaptive Functioning

**Vineland-3**, **ABAS-3**

Daily living skills, communication, social functioning, and independent living abilities

Helps determine the level of support needed for independent employment, community living, and vocational services.

# Which evaluation would you request?

- **Case 1**

A 45-year-old construction worker reports persistent memory problems, slowed thinking, and difficulty concentrating six months after sustaining a traumatic brain injury in a motor vehicle accident.

- **Case 2**

A 68-year-old accountant has increasing difficulty managing finances, remembering appointments, and finding words, raising concerns about possible early dementia.

- **Case 3**

A 30-year-old administrative assistant has severe anxiety, panic attacks, and depressive symptoms that are interfering with work attendance and job performance.

- **Case 4**

A 22-year-old college student is referred to determine whether symptoms of depression, trauma, or another mental health condition are contributing to emotional distress and impaired functioning.



# Key Takeaway

**A neuropsychological evaluation answers the question, "How is this person's brain functioning in everyday life, and how does that affect their ability to work, learn, and live independently?"**

Helps determine an individual's ability to learn new tasks, sustain attention, remember instructions, solve problems, adapt to workplace demands, and identify appropriate accommodations, job supports, training needs, and return-to-work recommendations.

It does **not** directly assess brain structure or injury location like MRI or CT scans. Instead, it measures the functional effects of brain functioning on thinking and behavior.

# Resilience

- A process leading to good outcome despite high risk
- The ability to function competently under stress
- The ability to recover from trauma and adversity

“I’m not afraid about my girlfriends and myself, we’ll squeeze through somehow, though I’m not too certain about my math.”

Anne Frank  
June 21, 1942

“I have lots of courage, I feel so strong and as if I can bear a great deal, I feel so free and so young! I was glad when I first realized it, because I don't think I shall easily bow down before the blows that inevitably come to everyone.”

Anne Frank  
July 15, 1944

# Predictors of Resilience

- Social relations
- Not experiencing a learning disability
- Easy temperament
- Competent parents
- Available parents
- Warm parental relationship
- Living above the poverty level

# Risks of Poverty

- 2.0 times to be retained or drop out of school.
- 1.4 times to have LD.
- 1.3 for emotional problems.
- 3.1 times teen birth.
- 6.8 times for reported child abuse.
- 2.2 times for experiencing violent crime.

(Duncan & Gunn, 2000)

# Predictors of Resilience

- Educational opportunity
- Organized religious affiliation
- Higher intellect
- Learning to problem solve
- Internal locus of control
- Sense of self-worth
- Sense of humor

# Most Powerful Predictors of a Resilient Child

- Easy temperament
- Consistent family relationships
- Competent caregivers
- Development of self-esteem
- A sense of emotional security



## Additional Factors That Reduce Resilience

- Victimization
- Loss of loved ones
- Disintegration of families
- Societal expectations
- Medical and neurodevelopmental factors
- Depression

# The Resilient Mindset

- I focus on what I have control over.
- My success is based in great part on my resources and efforts.
- When I fail others can help me succeed.
- There are always options available for success.
- I have many things to offer the world.
- I am optimistic that if I'm persistent solutions will be found and implemented.

In the final analysis, what's right with your clients is a much better predictor than what's wrong.

Have you seen effective approaches for individuals who consistently fall into the gap of being too high-functioning for services but too impaired to be successful independently? What recommendations have you found to be actually actionable?

The best outcomes come from structured supports rather than more therapy alone: vocational coaching, executive-function coaching, supported employment, environmental modifications, and periodic reassessment. Success depends on matching supports to functional limitations instead of relying on diagnostic labels or IQ.

In your experience, which executive functioning deficits are the hardest to compensate for in competitive employment, even when motivation is high?

Self-monitoring, cognitive flexibility, and initiation deficits are often the most disabling. Highly motivated individuals may understand what to do but struggle to adapt, recognize errors, or consistently get started without external structure, making sustained competitive employment especially challenging.

Our evaluations often influence employment, disability determination, and treatment planning. Looking back over your career, what's one interpretive mistake you see clinicians make repeatedly, not in administering tests, but in translating test results into real-world recommendations, and how can we best avoid that?

A common mistake is assuming test scores directly predict real-world functioning. Recommendations should integrate cognitive findings with psychiatric symptoms, personality, motivation, environmental demands, and available supports. Functional outcomes are determined by the interaction of all these factors.

In your experience, which executive functioning deficits are the hardest to compensate for in competitive employment, even when motivation is high?

Self-monitoring, cognitive flexibility, and initiation deficits are often the most disabling. Highly motivated individuals may understand what to do but struggle to adapt, recognize errors, or consistently get started without external structure, making sustained competitive employment especially challenging.

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