

Learning to Fly: Reminisces of a Clinical Psychologist

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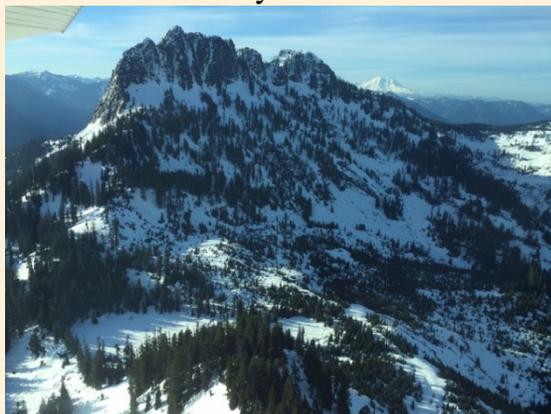
The windows and seats of the Cessna 172 single-engine plane shake incessantly as the nose propeller picks up speed. Just a few minutes prior to climbing aboard, a family member sends a text message. “Be safe! Small planes always make me nervous.” On this day, I am being flown from Tacoma to a remote area to conduct a neuropsychological evaluation with a Deaf patient.

My assigned pilot laughs to himself as he realizes that the passenger headset is of no benefit to me given my profound hearing loss. We exchange text numbers and use our smartphones as a communication alternative during the flight.

In mid-flight, I stare in awe at the beautiful vista of an eye-level Mt. Rainer in the distance. My gaze is broken up when my phone vibrates with a text from the pilot. “What brings you on this journey?” I respond that I am a licensed clinical psychologist in independent private practice (www.WilsonClinical.com).

Although psychotherapy is probably the most recognized activity of clinical psychologists, it is only one of many activities he or she may engage in. I explain that I am conducting a neuropsychological evaluation on a Deaf patient, which examines how well a patient’s brain is functioning. Areas such as language, executive functioning, memory, and problem solving skills are tested. Such evaluations can pinpoint neurocognitive deficits following a traumatic brain injury (TBI) or some other acquired insult to the central nervous system.

I think of the many other types of evaluations I conduct. For example, on another day, I might be called to testify as an expert or fact witness in court. Though I enjoy the work involved with forensic evaluations, it is serious work that requires careful and unbiased testimony.



*Photo 1. A gorgeous day for a low altitude flight.
Note Mt. Rainer in the distance on the right.*

I breathe a sigh of relief as the plane safely lands and taxis from the dusty runway of the seemingly makeshift airport. I step down from the plane and head to meet the patient*.

My patient is a late middle-aged Deaf Caucasian male who uses American Sign Language (ASL) as his preferred communication modality. As I initiate the clinical interview – which garners a detailed

history on such things as etiology of hearing loss, developmental background, and medical history – I am fascinated to learn that he is an accomplished scholar, having attained his degrees over three decades previous.

Several past white collar vocational experiences are described, including work as a manager of a high rise condo building and as a licensed general contractor.

Unfortunately, the patient was laid off from his most recent employment as adjunct faculty at a reputable University, relocating to the present area to be closer to extended family. The neuropsychological evaluation was requested at the behest of family members concerned about the novel and unusual behaviors of the individual. “He is just not the same anymore!” a family member exclaimed.

Before the six-plus hour evaluation is completed, a family member asks if I might be able to write a prescription to help with their loved one’s irritable moods and anxiety episodes. I mentioned that although clinical psychologists have been granted prescriptive authority to administer psychotropic medications in some states, Washington State is not one of them.

After listening to the family member vent her frustrations of less-than-optimal results working with hearing non-signing providers – even with an ASL interpreter – I share that I often work with physicians and other prescribing providers as part of a comprehensive health care team, especially where deaf and hard of hearing individuals are concerned. Like many clinical psychologists, I also assist physicians with enhancing treatment outcome, compliance, and development of coping skills for living with medical illnesses (e.g., diabetes, Usher’s Syndrome, cancer).

Why would the Washington State Department of Social and Health Services (DSHS), health-insurance, the patient, or the patient’s family hire me to provide a neuropsychological evaluation? For starters, neuropsychological evaluations with Deaf, hard of hearing, or deaf-blind patients are a complex endeavor that requires specific expertise. Determining hearing loss-related differential diagnoses of a language deprivation, TBI, learning disability, or some other psychological sequela is a complex task. The chances of attaining a valid neuropsychological evaluation increases when direct communication takes place using the patient’s primary language. This is as opposed to using a third-party to facilitate communication, such as an ASL interpreter, which can skew the results. Use of an ASL interpreter also cannot account for cultural factors.

On the flight back, I begin the long process of scoring, interpreting, and poring over the huge amount of data gleaned. It is amazing to find that the aggregate of the evaluation results suggests that the individual is experiencing the initial states of a mild neurocognitive disorder due to Alzheimer’s disease. During feedback sessions scheduled later, family members frequently express relief to learn the diagnoses of their loved ones as they consider treatment options.

In a nutshell, I love my career. Though it took me 17 years of postsecondary studies, I wouldn't bat an eye to do it all over again. (Okay – maybe I'll wince, but I'd still do it again!) Like many healthcare careers, the path to professional practice can be long and arduous.

Perhaps you are wondering what is involved in pursuing a career as a clinical psychologist? First and most obvious, there is the completion of a doctoral training program, which includes a mandatory 12-month full-time doctoral internship component. Doctoral internship candidates are competitively placed via the National Matching Services after applying to and being selected for onsite interviews. Relocating to another state to complete the internship placement is often required.

Only after completion of all doctoral degree requirements, candidates are ready to start accumulating postdoctoral work experience. The postdoctoral fellowship residency is the penultimate hurdle for professional licensure as a psychologist in most states.

Following postdoctoral residency, a challenging national licensure examination (Examination for the Professional Practice of Psychology [EPPP]) lies in wait. Finally, the practicing state's jurisprudence (laws and ethics) examination follows. Though the road to professional practice is challenging, the rewards make the journey well worth it.

As we touch down at the Tacoma airport, the sun begins to set in the horizon leaving a glowing orange and pink dusk. In the twilight of the drive home, I reflect on the day's experience, grateful for the opportunity to provide an important service to a member of my own Deaf community.

**Per HIPAA, all potentially identifiable information has been redacted to protect patient confidentiality.*

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Photo 2. The Cessna 172 single-engine plane I rode to the destination "airport."