

In Memoria: Ralph M. Reitan, PhD, ABPP, ABN

Recently it was learned that Ralph M. Reitan, PhD, ABPP, ABN died on August 24, 2014. This is an occasion of great sadness for all the many clinical neuropsychologists that knew Dr. Reitan or worked with Dr. Reitan or learned clinical neuropsychology from students of Dr. Reitan, or students of students of Dr. Reitan or who used the Halstead-Reitan Neuropsychology Test Battery (HRNTB) or selections of tests from the HRNTB. This should include the vast majority of all clinical neuropsychologists in the United States and the world as the number of clinical neuropsychologists who have not administered either the Trail Making Test (TMT) or the Finger Tapping Test (FTT) is thought to be rather small. Dr. Reitan is perhaps best known for his development of the HRNTB for clinical application for the assessment and treatment of brain-damaged individuals. As is well known, the core battery tests of the HRNTB were initially developed as part of a research program on biological intelligence, but Dr. Reitan, over many decades, adapted and augmented the original core battery for clinical application in the assessment and treatment of brain-damaged individuals. Dr. Reitan's research approach was to compare control subjects to previously diagnosed persons known to have heterogeneous types of lesions in various locations and identify the procedures that were sensitive to the general condition of the brain. Essentially, the HRNTB was developed to be sensitive to neurological as opposed to behavioral variables as a critical concern for clinical neuropsychologists was the biological condition of the human brain. Dr. Reitan used empirical methods to determine and demonstrate that specific psychological tests (HRNTB) were quote "brain-related" rather than "behavior-related". In a research career of over 60 years, Dr. Reitan published numerous scientific peer-reviewed articles, book chapters and books demonstrating the validity of the HRNTB for the clinical assessment of brain-damaged individuals while working at major research universities such as Indiana University, University of Washington and the University of Arizona. Numerous other research studies have cross validated, Dr. Reitan's research findings and in other countries around the world. The fact that the current CPT code for neuropsychological testing (96118) descriptor specifically includes the HRNTB as an example of neuropsychological testing procedures demonstrates impact of Dr. Reitan's work.

But perhaps less understood and less appreciated, was the impact of Dr. Reitan's research and innovative clinical procedures in establishing the role of the clinical neuropsychologist in the healthcare system. When Dr. Reitan began his research program at Indiana University, psychologists were not typically included as clinicians in departments of neurology. Dr. Reitan's research was of such a high level that neurologists and other physicians had to except the fact that clinical neuropsychologists had important contributions to make in terms of the assessment and treatment of brain-damaged individuals. Clinical neuropsychologists who entered the field in this century, many times are unaware that in the last century, the clinical role of the clinical neuropsychologist have to be carved out of an initially unwelcoming healthcare system. Dr. Reitan through his research and clinical work with brain-damaged individuals clearly demonstrated the important contributions that clinical neuropsychologists make to the assessment and treatment of brain-damaged individuals. Dr. Reitan's impact is difficult to understate as his research was the major reason that departments of neurology decided to include clinical neuropsychologists as clinical staff members. Every clinical neuropsychologist working today owes their job to Dr. Reitan's contributions.

The American Board of Professional Neuropsychology (ABN) was proud to have had Dr. Reitan as a Diplomate of ABN and had awarded Dr. Reitan, the ABN Distinguished Clinical Neuropsychologist Award to his many outstanding contributions. It might also be noted that in addition to these outstanding clinical neuropsychology research contributions, Dr. Reitan was an extremely erudite and kind individual who spent numerous hours teaching and supervising graduate students, interns and postdoctoral students. Dr. Reitan was extremely generous in sharing his research findings and clinical wisdom and the majority of leaders in clinical neuropsychology in the last century had been either students of Dr. Reitan, or students of his students.

In closing, the deepest sympathy of ABN is extended to Dr. Reitan's family, friends, colleagues and students and others who work with Dr. Reitan on the sad occasion of his passing. Dr. Reitan was truly the Father of America Clinical Neuropsychology and the great importance of his many contributions will always be remembered.

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