

Special Article

A Remembrance: My Advisor, Ralph M. Reitan

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Graduate students find themselves in the presence of veteran, often distinguished, researchers. They see polished, productive academics and reflect on their own tangle of research and career ideas. Some are lucky to find a mentor who clears aside the tangle and suggests a research path. What follows is the remembrance of a determined but confused graduate student whose advisor opened the doors to a wonderful career in a developing field.

Introduction

I am a neuropsychologist who has focused my career on studying outcomes of and the natural history of recovery from traumatic brain injury (Dikmen & Reitan, 1976; Dikmen, Reitan, & Temkin, 1983; Dikmen, Machamer, Winn, & Temkin, 1995; Dikmen et al., 1994). I have also been involved in clinical trials to improve function after such injuries. These have included clinical trials to prevent development of post-traumatic seizures (Temkin et al., 1990), neuroprotection trials targeting preservation of function in general (Temkin et al., 2007), and others that have involved behavioral interventions to improve function after traumatic brain injury (Bell et al., 2008, 2011; Fann et al., 2014). Some of these trials have been single-site, and others have been multicenter randomized clinical trials. It has been my fortune to enjoy a long medical school career in the Departments of Rehabilitation Medicine, Neurological Surgery, and Psychiatry and Behavioral Sciences at the University of Washington. This setting has offered outstanding opportunities to collaborate with colleagues from different disciplines including biostatistics, neurological surgery, psychiatry, and clinical psychology to address the complexity of TBI from different directions. Dr. Ralph Reitan was the principal influence on the track of my professional career. He introduced me to neuropsychology, to traumatic brain injury, and helped me attain my first academic position in a medical school.

Brief History of Ralph M. Reitan as a Mentor and his Influence on My Professional Career

I was a graduate student in the clinical psychology program at the University of Washington about ready to start my clinical internship year in the Department of Psychiatry at the University of Washington. While interested in psychological disorders, my conceptual approach was an experimental one and I had struggled with the etiological constructs and interventions to improve psychological disorders I was being taught in my classes. My dissertation was a complex study involving response inhibition deficits in schizophrenia with committee members from different fields of psychology and two boxes of reprints to help me with the conceptualization and design of my dissertation. A very distressing situation!

Just before starting my pre-doctoral internship I attended a presentation by Dr. Reitan who had recently joined the University of Washington's Department of Neurological Surgery. I was struck by the science and the robustness of the findings. This clearly was the turning point in my professional career. I threw away the two boxes of reprints, and studied neuropsychology in Dr. Reitan's laboratory 1 day a week throughout the year of the internship. As required for anyone who worked in the laboratory, I had to undergo the full neuropsychological examination, to get a good understanding of the measures and their requirements. It was intimidating but a robust exposure to the requirements of the tasks. I read the extensive publications, and studied the "Black Books." Those Black Books contained the results of the neuropsychological evaluation and the summary of the medical neurological workup for each individual patient. The Books were divided by conditions (e.g., tumors, vascular diseases). These Books were intended for learning how these different insults to the brain were manifested in neuropsychological findings. Then there were the books that contained mixed cases without summaries of the medical findings. These were the "test cases" requiring blind interpretation. There

is no doubt, I was hooked. I could not leave the books for the day until I got three cases in a row correctly. That is how I learned how to interpret neuropsychological findings.

Dr. Reitan became my dissertation advisor, and my topic changed to the study of emotional correlates of lesion location and cognitive status using his incredible data set. Although Dr. Reitan had trained many before me, I was his first formal PhD student. The dissertation yielded three publications (Dikmen & Reitan, 1974a, 1974b, 1977). One of his first bits of advice was that not all manuscripts needed to be published in first tier journals.

He was instrumental in connecting me with Dr. Charles Matthews at the University of Wisconsin for a post-doctoral fellowship where I interviewed patients and wrote neuropsychological reports. After the first year of my 2-year fellowship, I returned to the University of Washington to oversee a Traumatic Brain Injury Study funded by the National Institute of Neurological and Communicative Disorders and Stroke which had been awarded to Dr. Reitan. Dr. Thomas Boll who was overseeing the study was leaving, having accepted another position. And this was the beginning of my TBI career.

This longitudinal study looked at neuropsychological deficits associated with TBI and recovery of function over time. The cases were representative of TBI, being recruited during their initial encounter with the medical services. They were being examined initially, at 1 year and 18 months after injury not only with neuropsychological measures but also with a host of medical procedures. I spent countless hours, days, and weeks to try to figure out patterns of deficits, impact of injury severity, recovery of function, practice effects, etc. The task appeared to be much more difficult than the neurological diseases such as tumors and strokes I had studied in the Black Books. I puzzled about the pattern of results. When I went to ask Dr. Reitan what he thought, his answer was, “Go to it, your judgment is as good as mine.” This was his second piece of good advice—go figure it out, you can do it. And that is what I have been trying to do in my career as a TBI researcher.

Dr. Reitan was getting ready to move to the University of Arizona. He asked me to submit a presentation based on the results of the TBI study to the American Neurological Association annual meeting. For a brand new psychology PhD, this was an intimidating setting. I was certainly not excited to agree but I had no choice. The submission was reviewed by the distinguished TBI researcher, William Caveness. The meeting was small, formal, and recorded verbatim, including reviewer and audience questions and my answers, for inclusion in the Transactions of the American Neurological Association (Dikmen & Reitan, 1976). As the meeting came to a close, the University of Washington Neurological Surgery Department Chair offered me my first faculty position. He had been in attendance.

Dr. Reitan’s record of contributions to neuropsychology stands on its own. As a scientist, he was a clear thinker, a good observer, and an empiricist with meticulous attention to the quality of the data collected. His observations led him to study the validity of his observations, and the results led him to accept or dismiss his observations. He stuck to this principle and required the same from those he trained. His requirement that the results based on groups also be applied to the individual cases made his work clinically applicable. Intellectual honesty was critically important for Dr. Reitan and he required it from those he trained. For example, he detested *post hoc* interpretation of neuropsychological data when one already knew the answers, and as he would say “made things up” to fit the neurological information available. Without question, my advisor, Dr. Ralph Reitan, was one of the most influential figures behind clinical neuropsychology’s development as a field of study and its clinical applications. He was an excellent mentor and a very good friend.

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