A Conversation with Margaret Mutti, Co-author of the Quick Neurological Screening Test (QNST)

[I recently had the pleasure of talking with Margaret Mutti about how the QNST came to be developed and what she sees as its clinical usefulness. What follows is a distillation of our conversation. —QNST-3 co-author Nancy Martin, PhD]

In 1943, a graduating senior from the University of Wisconsin’s Speech and Drama Department was recruited to work as one of the original counselors for Western Electric Company’s Hawthorne Plant in Chicago, under HR director Bill Dickson, who designed the seminal studies with the guidance of psychologist Carl Rogers, showing the benefits to industry of workplace counseling for employees. Those studies have been described as the “pioneering investigations which have had a profound effect on the study of human relations. . . . They have led to the emergence of a new kind of social research called industrial sociology” (E. A. Shils, in The Policy Sciences). That experience prompted the student to get her master’s degree in Educational Psychology (also at University of Wisconsin) in 1946, and eventually led her in the early 1970s to become the Director of Guidance Counseling for the Oakland, California, Diocese Schools. That student was Margaret Mutti.

**NM: Why did you decide to develop the test?**

MM: A screener was developed from observations made of students referred for services because of academic difficulties—learning difficulties. The screening tool allowed me to make the appropriate referral to a physical therapist, a neurologist, or a learning specialist for remediation. After many discussions with colleagues (and QNST co-authors) Mel Sterling, MD, at Children’s Hospital in Oakland, California, and Norma Spaulding, EdD, at San Jose State University, we decided to publish the test so that other clinicians could use it.

When talking with both the parents and teachers of the students who were referred, it became apparent that the observations I had made (using our screener) about the students’ motor coordination and balance functions had gone largely unnoticed. And most importantly, the parents and teachers did not understand the link between those “physical” functions and the child’s learning. It was at this time that Jean Ayers was first publishing her work looking at the importance of physical-motor integration on the learning process.

As part of the therapy with the children, we developed a set of developmental activities that could be easily incorporated into the child’s routine at home and at school. Those activities worked to remediate both the physical and the learning difficulties. Anecdotal reports from parents and teachers also noted improvements in the child’s self-esteem and general well-being when the learning difficulties abated.

**NM: What about the clinical and educational need today?**

MM: It hasn’t changed—there continue to be children who manifest with slight physical “in-coordinations” that co-occur with learning difficulties, and the remediations are largely the same as we used in the 1970s. It’s still important for teachers and parents to take notice of those behaviors and to realize that they are integral to the child’s learning processes.

Today, there are new areas of interest: long-term cognitive consequences of head injuries as the result of sports (in children and adults), as well as war-related injuries. Both of those types of injuries impact daily function—on the job, in personal activities, and in school. While the children with whom we originally used the QNST in the 1970s seemed to have difficulties stemming from uncertain causes, and these newer injuries are the result of “man-made” activities, the functional consequences are the same. The QNST can be used in either instance to provide clinicians with detailed information about the types of functions that are impaired.

*Margaret Mutti continues her work as a counselor today—even though she has been trying to retire, her clients continue to request her services!*

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