

NESCA Neuropsychology & Education Services
for Children & Adolescents

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Neuropsychological Evaluations

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Common Referral Questions

- Child seems unable to meet developmental demands—parent and/or teacher observation
- Problems with specific skill acquisition (e.g. reading)
- Attentional or organizational issues
- Emotional issues (depression, anxiety, school avoidance)
- Poor peer relationships/Social skills issues
- Neurological/medical disorder (seizures, brain tumor)
- Monitor progress
- Anticipate demands during educational transition

Potential Benefits of Neuropsychological Assessment

- Understand child's learning style to aid in educational program determination
- Documentation of disability for special ed support/accommodations
- Interplay between emotional and learning issues
- Treatment plan: educational and home-based recommendations

Reasons for Attentional Problems

- Neurological dysfunction (frontal lobes): ADD
- Sensory problems
- Emotional issues: depression, anxiety, “learned helplessness”
- Psychosocial stress (divorce, relationship with teacher)
- Intellectual Giftedness
- Low cognitive ability
- Postural Instability
- Language processing problems (receptive language)
- Slow processing speed
- Tourette’s disorder
- Chronic pain
- History of trauma, neglect, abuse

Neuropsychological Evaluations

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graph TD; A[Sources of Information] --- B[History:]; A --- C[Observations:]; A --- D[Testing:];
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Sources of Information

History:

Developmental
Medical
Educational
Family

Observations:

Behavior
Social Skills
Emotional Responses
Problem Solving

Testing:

Scores
Process

Neuropsychological Assessment

Functional Areas Assessed

Cognitive Functioning

Academic Achievement

Language Processing

Visual-Spatial Processing

Learning/Memory

Attention/Executive Functioning

Fine Motor Skills

Social-Emotional Status

Evaluation Process

Review of Records

Previous testing, IEP, questionnaires, work samples

Parent Interview

Chief concerns, history of issues, developmental history, family and school demands and supports

Testing Child

Recommend that testing be done on two different days

Senior neuropsychologist should conduct or observe all testing; ask about testing technicians, post-doc fellows, interns

Use of testing sessions to determine necessary supports, opportunity for “stealth therapy”

Evaluation Process

Parent Feedback Session

Explanation of learning style, responses to referral questions, future risks, treatment options and recommendations, parenting strategies, educational planning and recommendations

Review of test scores as relevant: this should not be the full focus of the feedback session, which should be an integration of the findings, focusing on what the scores mean for this particular child

Pediatric Neuropsychologists

- Doctoral level psychologist (Ph.D./ Psy.D./Ed.D.)
- At least one year of supervised post-doctoral training in pediatric neuropsychology; field is moving toward two year post-doctoral fellowships

Choosing A Pediatric Neuropsychologist

All neuropsychologists are not the same

Ability to interpret test scores in the context of behavioral observations and historical information

Skillfulness in making recommendations that are specific to the needs and resources of the child, family and school

Assistance in the implementation of recommendations; network of professionals in other fields, knowledge of IEP process, political savvy, reputation, ability to work with other professionals effectively

Situations to Avoid (aka parent “horror stories”)

- ❑ Incorrect diagnosis
- ❑ Inappropriate treatment plan; at best, ineffective or at worst, harmful to child
- ❑ Recommendations disregarded by school team
- ❑ Report unusable by teacher
- ❑ Recommendations that are uninformed by knowledge of child’s legal rights to a “free and appropriate education”
- ❑ Refusal of neuropsychologist to do school observation or attend team meeting
- ❑ Referrals to other professionals who are not adequately vetted

Issues to Consider

Seek recommendations from other parents, educators; SEPAC websites

- Practice is focused exclusively on neuropsychological assessment of children and adolescents.
- Experience is key—years in practice of clinician/supervisor?
- Experience with children similar to your child in age, diagnosis.
- Willingness to work with school system (team meetings, classroom observations); experience in working with school systems.
- Fee-for-service vs. permanent employee
- Continuing education opportunities

Evaluating a Neuropsychological Assessment Report

- Comprehensible and meaningful to non-psychologists in “painting a picture” of a child’s strengths and needs in plain English (i.e. jargon-free)
- Current findings should be put in historical context and related directly to previous findings
- Report should contain all test data, behavioral observations as well as interpretation of the data
- Diagnosis should be stated clearly and substantiated
- Statement of developmental risks associated with profile is important
- Recommendations respond to current program
- Consideration given to post-secondary transition

Recommendations

- Recommendations should be specific and backed up by information from the testing--e.g. Given Bobby's poor reading skills as seen on standardized testing and reported by his teacher, I recommend that he receive remedial reading instruction as follows:
 - ▣ Systematic, phonetically-based curriculum with clear scope and sequence (e.g. Wilson, Orton-Gillingham, Lindamood-Bell)
 - ▣ Instruction to occur at least 45 minutes daily individually or with no more than two other students who have similar levels of need
 - ▣ Reading instructor to be properly trained and certified
 - ▣ Instruction to take place outside of the classroom

Recommendations

- Evaluator should review the IEP carefully and indicate whether the service delivery appears to be appropriate; in some cases, a classroom observation is necessary
- Strengths-based recommendations are particularly helpful (e.g. photograph of “clean room” for visual learner; sequential step-by-step instructions for verbal learner)
- Recommendations should be prioritized based on discussion with parents at feedback
- Evaluator should assist with the implementation of recommendations

Reference

Straight Talk About Psychological Testing for Kids by Ellen Braaten, Ph.D.