

AUSTIN BEHAVIORAL HEALTH CENTER

GARY YORKE, PH.D. & JANE YORKE, M.A.

One Hand On The Door

(Answers to questions patients like to ask as they are leaving, with one hand on the door!)

Best Practices — How To Complete A Comprehensive Assessment

The most appropriate assessment for any patient is one that is tailored to the individual. It is our philosophy that it is poor practice to determine in advance what tests or battery of tests are required before sufficient data is gathered. A comprehensive history is especially important. Information should be obtained from parents, teachers, and the patients before testing is initiated. After a clinical interview, and thorough review of the information gathered, a determination can be made about what tests should be administered. *A comprehensive assessment may include psychoeducational, psychological, emotional, and neuropsychological tests.*

A complete and comprehensive assessment will include a diagnostic impression and detailed recommendations for addressing parent, teacher, and patient concerns.

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Eleven Warning Signs of Mental Illness in Children & Adolescents

Four years ago we wrote about The "Action Signs" Project and a new tool kit to help identify children with mental health disorders. Approximately fifty percent of serious mental health conditions manifest themselves by the age of fourteen and as many as one in ten youngsters has a serious mental health condition that impairs their functioning at home, school, or in the community. While the tool kit is not new, it is still an ideal tool for family practice doctors and pediatricians who are often in a position to identify children with mental health disorders.

The "Action Signs" Project tool kit was funded by The Substance Abuse and Mental Health Services Administration. The authors of the tool kit spent ten years sifting through studies and interviewed more than 6,000 families and children in an effort to identify the most efficient and simplest method for identifying the most serious mental health disorders.

The researchers identified eleven signs that require immediate action. They include severe mood swings that cause problems in relationships, intense worries or fears that get in the way of daily activities, sadness that lasts more than two weeks, or sudden and overwhelming fear brought on for no apparent reason.

Dr. Peter Jensen, a Mayo professor of psychiatry, was the principal investigator on the study. He noted that there is frequently a disconnect that occurs between what a child says and how a parent interprets that message. For example, four to five percent of parents respond "yes" when asked if their child has "ever talked about wanting to kill himself or made a plan to do so?" But then, when a follow up question is asked, "Has he seen anyone for that," they'll say "no" two out of three times," Jensen said in an interview with Minnesota Public Radio. Jensen said part of the problem is that parents don't always recognize when the threats or behaviors their children display aren't normal.

The 11 action steps listed in The "Action Signs" Project are designed to make these situations very clear. For example a child who has severe Attention Deficit/Hyperactivity Disorder is described in these 17 words: "extreme difficulty in concentrating or staying still that puts you in physical danger or causes school failure".

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Dyslexia

While elementary school can be an exciting and fun time for most children and parents, there is a subset of parents who will develop concerns about their child's reading skills and wonder if their child has Dyslexia. Since reading is foundational to most learning it is understandable that parents become alarmed when their child has difficulty with reading and spelling. The Texas Education Agency defines Dyslexia as follows: "a disorder of constitutional origin manifested by a difficulty in learning to read, write, or spell, despite conventional instruction, adequate intelligence, and sociocultural opportunity." In other words, Dyslexia does not occur through lack of opportunity or instruction.

Parents and providers should become concerned about Dyslexia if the following are present: difficulty reading words in isolation, difficulty accurately decoding unfamiliar words, difficulty with oral reading (slow and labored) and difficulty spelling. Some of the consequences of Dyslexia are: difficulty with aspects of reading comprehension, difficulty with aspects of written language, and limited vocabulary growth due to reduced reading experiences.

Risk factors of Dyslexia are a family history of Dyslexia, a delay in learning to talk, difficulty with rhyming, difficulty pronouncing words (e.g., "pusgetti" for spaghetti), poor auditory memory for nursery rhymes, difficulty adding new vocabulary words, trouble learning and naming letters and numbers, and difficulty remembering the letters in his/her name. As a child with Dyslexia progresses through elementary school they will have difficulties in reading fluency, recognizing common sight words (e.g., said, been), remembering letter sequences, recalling the correct sounds for letters and letter patterns, connecting speech sounds with the appropriate letter sounds, and difficulty with written expression.

Early identification of Dyslexia is critical. The earlier interventions start, the better the outcome. The Texas Education Agency reports that if intervention is not provided before the

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In this issue:

- Eleven Warning Signs of Mental Illness in Children & Adolescents
- Dyslexia
- Best Practices — How To Complete A Comprehensive Assessment

ON THE WEB AT WWW.AUSTINBEHAVIORAL.INFO

...Continued from inside

Eleven Warning Signs of Mental Illness in Children & Adolescents

It should be noted that that the eleven action signs won't be able to identify every child with a mental health problem. The developers of the tool kit suggest the tool kit will identify at least half of the children who are currently undiagnosed.

These are the eleven signs:

- Feeling very sad or withdrawn for more than two weeks.
- Seriously trying to harm or kill yourself, or making plans to do so.
- Sudden overwhelming fear for no reason, sometimes with a racing heart or fast breathing.
- Involvement in many fights, using a weapon, or wanting to badly hurt others.
- Severe out-of-control behavior that can hurt yourself or others.
- Not eating, throwing up, or using laxatives to make yourself lose weight.
- Intense worries or fears that get in the way of your daily activities.
- Extreme difficulty in concentrating or staying still that puts you in physical danger or causes school failure.
- Repeated use of drugs or alcohol.
- Severe mood swings that cause problems in relationships.

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Dyslexia

age of eight, the probability of reading difficulties continuing into high school is 75 percent. Intervention for children with any learning disability, including Dyslexia, always begins with a thorough evaluation. Parents should work closely with the school, and keep accurate records. All assessments, reports, teacher notes, etc. should be saved and organized by grade. Parents need to work collaboratively with the school, carefully monitor their child's progress, and they should have frequent communication with the school. If a parent has collaborated with the school and still feels their child's needs are not being met, or their child has not been accurately assessed, it is appropriate to refer for a Psychological Evaluation.

A Psychological Evaluation will consider all factors that may impact learning, including emotional functioning, attentional issues, cognitive strengths and weaknesses, as well as environment. A typical evaluation measures a child's cognitive abilities (IQ), academic skills that include tests of phonological processing, reading fluency, reading comprehension and spelling. Additional measures may be used to assess for an emotional disturbance or deficits in attentional skills.