

One Hand On The Door

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

Psycho-educational, Psychological, or Neuropsychological 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. At ABHC we obtain information from parents, teachers, and the patients before we initiate testing. After a clinical interview, and thorough review of the information gathered, a determination is made about what tests should be administered. *An assessment may include psycho-educational, psychological, emotional, and neuropsychological tests, in order for it to be considered a complete and appropriate assessment.* Our goal is to provide the client with a correct diagnosis (where appropriate) and detailed recommendations for addressing their concerns.

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What Does Special Education Look Like These Days in Texas?

Many states, including Texas, have adopted a *Response to Intervention (RTI)* approach to meeting the needs of children who have learning problems. In the past, children in need of special education were routinely sent out of the general education classroom to the resource room or special education room. Many parents were concerned this stigmatized their children.

Currently children are identified as needing extra help when they fail to achieve on measures such as: grade level standards as measured by in-class test scores, statewide assessment scores, standardized achievement test scores, and benchmark tests. If a child is determined to be having academic difficulty they are referred to Tier 1 of the Response to Intervention model.

In Tier 1 the child is monitored and taught by the classroom teacher with the Texas Essential Knowledge and Skills (TEKS) goals in mind. Students are evaluated regularly in the classroom to determine the progress they are making. Students who need additional help are referred to Tier 2.

Tier 2 services are individual or small group direct services delivered in the classroom that are in addition to core class instruction. This level includes research-based programs, strategies, and procedures designed to supplement, enhance, and support Tier 1 activities. Again the child is tested to monitor progress and is referred to Tier 3 if additional support is needed.

Tier 3 is implemented when a student has not responded adequately to Tiers 1 and 2. The student receives specific, custom-designed individual or small group instruction. This instruction is individualized, intensive and targets the student's specific skill deficits. These services are delivered in a room outside of the general education classroom.

Response to Intervention (RTI) is a prevention model-not specifically an approach used to identify students who have learning disabilities. RTI does not address the gifted student who is not working to potential. The RTI approach does not adequately address the needs of high schools students as they DO need formal Psychological Testing to obtain accommodations on standardized tests such as the SAT and ACT. Universities also require formal testing before they will grant accommodations to a disabled student. At any time the school may decide to complete additional testing but are not compelled to do so by parental request. Parents may also obtain assessment outside of the school and may request the school consider the results of the assessment.

Kids in the Mix

There are an increasing number of children coming into our practice with overlapping conditions. These children have been diagnosed with ADHD, Bipolar Disorder, Learning Disability, Tourette's, and/or Asperger's. Many of these children also experience depression, anxiety, and obsessive thoughts and compulsive behaviors. Often they are defiant and oppositional. No single diagnosis seems to apply to these children, so we say they are in the "syndrome mix."

Assessment and treatment of these children cannot be accomplished by any single provider. These children require a multi-disciplinary assessment and multi-modal intervention. A complete evaluation may include the following: psychological (which would likely include educational and neuropsychological tests), medical, neurological, and psychiatric evaluations. Many of these children also need to be evaluated by speech and language, physical, and occupational therapists. Treatment will most likely include psychotherapy, medication management, and educational interventions. Many of these children also require language therapy, social skills training, physical therapy, and occupational therapy. The most successful kids are those whose parents are willing to take an active case management and advocacy role. Providers can help by supporting and counseling these parents.

Most children in the "syndrome mix" experience deficits in executive functioning. Most definitions suggest executive functioning is the ability to formulate a plan, initiate the plan, and carry it through to the end. Executive functioning is sometimes compared to the conductor of an orchestra. Almost every human endeavor requires executive functioning. A short list of the regulatory functions carried out by executive functioning includes: perceiving, initiating, inhibiting, modulating/adjusting, gauging, shifting, manipulating, organizing, storing, retrieving, pacing, time sense, focusing attention, focusing effort, sustaining attention, stopping, anticipating, time management, monitoring, and correcting. Deficits in executive functioning will impair most aspects of daily life, from getting out of bed, to completing homework, to responding to a simple command.

A proper assessment and treatment plan will evaluate various aspects of executive functioning. Parents, teachers, and others may need to continue to assist the individual with various aspects of executive function well into adulthood.

An excellent resource is the book [Kids In The Mix of ADHD, LD, Asperger's, Tourette's, Bipolar, and More!](#) By Martin L. Kutscher, MD.