AUSTIN BEHAVIORAL HEALTH CENTER
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One Hand On The Door

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

Determining The Most Appropriate Assessment

The most appropriate assessment for any patient is one that is tailored to the individual. 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 psychoeducational, 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 and detailed recommendations for addressing their concerns.

Please feel free to call us with any questions. More information about our practice can be found on our website: www.AustinBehavioral.info

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Learning Disabilities—The Basics

Learning disabilities are believed to result from a neurological disorder, or more simply, the way the a person's brain is "wired." Typically, children with a learning disability are as intelligent as their peers, and the distribution of intelligence among students with a learning disability is similar to typical students. Learning disabilities are manifested as difficulty reading, writing, spelling, reasoning, recalling and/or organizing information. Children with learning disabilities frequently do not benefit from traditional educational strategies and instruction. A true learning disability is a lifelong issue. However, with the right support and intervention individuals with a learning disability can succeed at a level commensurate with their potential.

It is believed that about 15 percent of the U.S. population has some type of learning disability. About 80% of those individuals with a learning disability have reading problems. Mental Retardation, ADHD, Autism, Hearing and Vision impairments, and behavioral disorders are not learning disabilities. Of course, learning disabilities can co-occur in individuals who have these disabilities as well. Common types of learning disabilities include Dyslexia, Dysgraphia, Dyscalculia, auditory and visual processing disorders, and nonverbal learning disabilities. In Texas it is more common to talk about specific disabilities such as a Reading Disorder or a Math Disorder. In many cases there is no specific diagnosis and a diagnosis of Learning Disorder, Not Otherwise Specified may be given.

Early signs that a child may be a risk for a learning disability (and indicating a need for further assessment) include speaking later than most children, pronunciation problems, slow vocabulary growth and word finding problems, difficulty with rhyming words, trouble with readiness skills (learning colors, counting, identifying shapes), peer problems, difficulty with directions and/or routines, and slow fine motor development. As children with learning disabilities move through school they may have difficulty learning the associations between letters and sounds, continue to make letter reversals and inversions, confuse math

sequences and signs, have trouble remembering and retrieving facts, take an excessively long time to learn new skills, have organization and planning difficulties, and have difficulty understanding and appreciating time concepts.

Even with intervention children with a learning disability will continue to have difficulty in middle school and high school. Parents are often dismayed when their children are not brought up to grade level, despite substantial intervention. Difficulties observed in older students with a learning disability include reversing letter sequences, avoiding oral reading, spelling difficulties, trouble with word problems, poor handwriting, avoiding written assignments, poor recall of facts, taking longer to retrieve previously learned information, peer problems, and communication difficulties.

Intervention for children with a learning disability always begins with a thorough evaluation. Parents will need to work closely with the school, and keep accurate records. All assessments, reports, teacher notes, etc. should be saved and organized by grade. Tutoring outside of school can be very useful but should be done by someone trained in educating children with a learning disability. Parents need to work collaboratively with the school, carefully monitor their child's progress, and they should have frequent communication with the school. It is important for parents to learn about their child's rights (resources include Ldonline.org, WrightsLaw.com). Children with learning disabilities should be educated about their disorder. Be sure to allow time for extracurricular activities that capitalize on the child's interests and strengths.

Social Phobia and Selective Mutism

Social Phobia, also called social anxiety, is a type of anxiety problem that goes beyond normal shyness or anxiety. It is not uncommon for unsophisticated adults to trivialize Social Phobia as "just shyness." For the child suffering from Social Phobia the feelings of shyness and self-consciousness build until the child is actually fearful. Because of this fear children with Social Phobia feel uncomfortable participating in everyday social situations. However, they can usually interact easily with family and a few close friends. It is when children with Social Phobia are confronted with meeting new people, talking in a group, or speaking in public that their extreme fear, which usually looks like shyness, kicks in. Social Phobia can interfere with participation in normal daily activities as well as novel activities.

Selective Mutism (formerly called Elective Mutism) is a variant of Social Phobia. The child suffering from Selective Mutism cannot, or will not, speak in specific situations when there is an expectation of conversational speech. This can occur in a classroom, friend's home, or other social setting. Language skills are generally intact in children who have Selective Mutism, although selective mutism can coexist with language and communication disorders. Most children with Selective Mutism are shy and may manifest anxiety in other ways as well. Selective Mutism is usually found in children, but adolescents and adults have been known to have Selective Mutism. The inability to speak is generally manifested at school and usually children with Selective Mutism cannot speak to their teachers. They may or may not speak to some of their peers. This failure to speak can create a great deal of difficulty, may contribute to misunderstanding between student and teacher, and lead to power struggles. Frequently, children with Selective Mutism will rely on an intermediary, such as a friend of family member. The child whispers into that person's ear so that communication occurs with the designated person as intermediary.

Individuals with Social Phobia and Selective Mutism recognize that their anxiety is irrational. Both disorders can significantly impair the individual's level of functioning, as the individual is unable to complete required educational, social, and family tasks, and the emotional distress engendered in situations can result in school refusal.

Treatment for Social Phobia and Selective Mutism usually focuses on cognitive and behavioral interventions. Young children may also participate in play therapy, and parents may receive training in how to deal with the Selective Mutism. Older children frequently benefit from relaxation training or self-hypnosis. Social skills training and group therapy for individuals with Social Phobia may also be useful. There is limited information about the efficacy of medication for children with Selective Mutism. Many individuals with Social Phobia do benefit from medication. However, medication is usually ancillary to the cognitive and behavioral therapy, and is often not prescribed until it is clear that cognitive and behavioral therapy has not been sufficient to address the problem.