

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!)

Why Perform a Psychological Assessment in Early Childhood?

For some, the idea of completing a Psychological Assessment on a toddler is a foreign concept. Some professionals still believe that a child has to be at least 6 or 7 years old before an assessment can be completed. In fact, assessment instruments have been developed to assist psychologists evaluating infants. A common reason for requesting an Early Childhood Assessment is to determine if observed behaviors are normal or something that needs to be addressed. An assessment can also be used to evaluate developmental skills, emotional and social functioning, and kindergarten readiness. A psychological assessment can be useful to determine if a child is at risk, or has, an Autistic Spectrum Disorder, Attention-Deficit/Hyperactivity Disorder, or an emotional disturbance. A comprehensive assessment of functioning can be used to develop a treatment plan and identify what ancillary services may be needed. An Early Childhood Assessment typically consists of observation, parent interview, and completion of a variety of psychological tests.

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Divorce and Trauma

Divorce is a difficult time for families. It can be an especially challenging time for children who are being asked to accept a situation they have no control over, and is often accompanied by unpleasant consequences. Except in situations where there is extreme conflict between the parents, or abusive behavior, children seldom experience the separation and divorce as a benefit to them. In many cases, additional confusion and emotional distress occurs when parents try to convince their children that the divorce is in their best interest.

In cases of very conflicted custody disputes children can be traumatized. Parents who may have experienced their own trauma as children may become re-traumatized as they go through the divorce proceedings. As a result a turbulent, chaotic, and stress inducing environment can be created. Conflict that began during the marriage, and gets exacerbated during the divorce, can continue for years and have a deleterious effect on the children. In some situations children will begin to demonstrate symptoms associated with a traumatic stress disorder.

Primary care physicians will come into contact with children involved in these situations through normal follow up visits with the child. However, these children can also be brought to see their physician for a variety of reasons related to their emotional distress. For example, disruptive behavior problems, increased emotional lability, academic difficulties, non-specific somatic complaints, or sleep and appetite disruption.

Upon questioning traumatized children may reveal the following characteristics: a sense of helplessness, increased fear and anxiety, distorted self-image and image of their family, feelings of loneliness and sensing that no one really cares about them, embarrassment, shame, and/or guilt about their family and the divorce.

Of course, parents are in the best position to help their children, but parents caught up in a protracted and painful divorce may lack the resources to adequately cope with the challenges their children are facing. In addition, they will have difficulty listening to a physician's recommendations if they believe they are being blamed for their child's difficulties. In this type of situation empathically listening to the parent and providing them with supportive resources may be the most helpful thing a child's physician can do. The website Meetup.com provides an extensive list of support groups for parents. For Austin area parents the web address is: divorcesupport.meetup.com/cities/us/tx/austin/.

Children caught up in a conflicted divorce will also need supportive counseling. At minimum, the primary care physician should seek permission to talk to the child's school counselor. Many school counselors provide support groups for children involved in a divorce. Children displaying any of the symptoms and behaviors noted above should be referred for psychotherapy if possible. It might be useful to share a copy of the Children's Bill of Rights with parents involved in a divorce:

The Children's Bill of Rights in Divorce

1. The right to love and be loved by both of your parents without feeling guilt or disapproval.
2. The right to be protected from your parents' anger with each other.
3. The right to be kept out of the middle of your parents' conflict, including the right not to pick sides, carry messages, or hear complaints about the other parent.
4. The right not to have to choose one of your parents over the other.
5. The right not to have to be responsible for the burden of either of your parents' emotional problems.
6. The right to know well in advance about important changes that will affect your life; for example, when one of your parents is going to move or get remarried.
7. The right to reasonable financial support during your childhood and through your college years.
8. The right to have feelings, to express your feelings, and to have both parents listen to how you feel.
9. The right to have a life that is as close as possible to what it would have been if your parents stayed together.
10. The right to be a kid.

Assessment & Remediation of Processing Problems

School is back in session and Fall is when parents may start to receive phone calls from their child's teacher reporting academic problems. Often these academic problems are related to an Attention-Deficit/Hyperactivity Disorder (hyperactive/impulsive type or inattentive type) or a learning disability. Cognitive processing deficits are often associated with these disorders. Cognitive processing skills are those underlying brain skills that make it possible for individuals to think, remember, and learn. These are the skills that allow students to process the large influx of information they receive each and every day at school.

Psychological assessment is useful for identifying cognitive processing problems in the following domains:

- Working Memory** – The ability to retain and process information for short time periods.
- Processing Speed** – The rate at which the brain handles information and lends to output.
- Long-Term Memory** – The ability to both store and recall information for later use.
- Short-Term Memory** – The ability to apprehend and hold information in immediate awareness and then use it within a few seconds.
- Visual Processing** – The ability to perceive, analyze, and think in visual images.
- Auditory Processing** – The ability to perceive and conceptualize what is heard.
- Executive Processing** – The ability to reason, prioritize, and plan.

After a processing deficit is identified, specific accommodations can be implemented in both the classroom and the home environment. A thorough assessment will include specific recommendations for dealing with the identified weakness. For example, if a child has working memory problems (e.g. following multi-step instructions, solving math problems without pencil and paper, listening to and remember procedures well enough to follow all steps through to the end, etc.) the following would be appropriate accommodations:

- Give a few instructions at a time, and repeat instructions, as needed
- Keep oral instructions short and simple. Use numbered points for any sequence.
- Limit the number of new facts, words, and concepts presented in one lesson
- Provide notes to the student from presentations and lessons, thus enabling them to focus on the content, rather than on making notes
- Encourage student to use lists, advance organizers, personal planners as aids to memory
- Allow use of a calculator for math when computation skill is not the focus of evaluation
- Attach daily schedules/timetables to notebook covers communicate frequently with parents about the student's work, schedule, and progress

Only through a comprehensive evaluation of a child's processing abilities will a clinician be able to identify the disorder, accompanying deficits, and provide recommendations that will fit the specific child.