ADHD

Ages 18+

Westwood-Mansfield Pediatric Associates

Proactive in your child's care.
Empowering families for over 50 years.

Please take the time to read through this material. We provide this information because we see value in educating our patients.

Westwood Office
541 High Street
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Westwood-Mansfield Pediatric Associates
www.wmpeds.com

Mansfield Office
454 Chauncy Street
Mansfield, MA 02048
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Dear Patient

Enclosed in this packet is information to help us evaluate you for **Attention Deficit Hyperactivity Disorder (ADHD)** and other school issues.

You are being given this information today because you, your teachers, or your parents have concerns that you may suffer from ADHD.

Enclosed please find and review some information regarding ADHD and community resources as well as an *ADHD Family History Form* and the *Adult ADHD Self-Report Scale Symptom Checklist*. If you are reading this on-line, please contact the office to obtain a hard copy of the *Conners' 3 Rating Scale* (for you, and your parents).

Once the *Conners' Rating Scales, Adult ADHD Self-Report Scale Symptom Checklist,* and *Family History Form* are completed, please return them to us. We ask that you return the surveys at least one week prior to your appointment in order that we have time to review and score the surveys and, therefore, be better prepared for your visit.

Thank you,

Westwood-Mansfield Pediatric Associates

Patient Name: _____ Date: _____

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ADHD FAMILY HISTORY FORM

Parent Information:

PARENT #1: Name: _____
Occupation:_____
Level of education: _____

PARENT #2: Name: _____
Occupation:_____
Level of education: _____

Family History: Check each of the following conditions that may run in your child's family. Please include your child's uncles, aunts, grandparents, cousins, siblings, and yourselves.

- ☐ ADHD
- ☐ Bipolar disorder
- ☐ Manic depression
- ☐ Dyslexia
- ☐ School problems (including suspensions or expulsions)
- ☐ Alcohol addiction
- ☐ Drug addiction
- ☐ Gambling addiction
- ☐ Chronic problems with debt
- ☐ Learning disabilities
- ☐ Convicted criminal
- ☐ Unexpected and unexplained death before age 50 (including SIDS, car accident, drowning, other)
- ☐ Death from heart disease prior to age 50?
- ☐ Unexplained fainting or seizures?
- ☐ If you answered "yes" to any of the above questions, please explain more here:

_____

_____

_____

Patient Name: _____ Date: _____

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QUESTIONS ABOUT YOUR CHILD

• Does your child snore at night?	**Yes**	**No**
• Does your child mouth breathe at night?	**Yes**	**No**
• Is your child a restless sleeper?	**Yes**	**No**
• Does your child sleep with their head in an unusual position?	**Yes**	**No**
• Does your child complain of leg pain, tingling in the legs, or can't stop moving his/her legs when trying to sleep at night?	**Yes**	**No**
• Has your child fainted or passed out DURING exercise or stress?	**Yes**	**No**
• Has your child fainted or passed out AFTER exercise?	**Yes**	**No**
• Has your child had extreme fatigue associated with exercise (more than other children)?	**Yes**	**No**
• Has your child ever had unusual or extreme shortness of breath during exercise?	**Yes**	**No**
• Has your child ever had discomfort, pain or pressure in his chest during exercise?	**Yes**	**No**
• Has your child ever been diagnosed with a seizure disorder?	**Yes**	**No**
• Has your child ever seen a cardiologist?	**Yes**	**No**
• Has your child ever had heart surgery or cardiac catheterization?	**Yes**	**No**

We realize some of these questions may be very sensitive, but your honest answers will help us best serve your child.

"PROACTIVE IN YOUR CHILD'S CARE"

10/14

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name		Today's Date	

Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.

	Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?					
3. How often do you have problems remembering appointments or obligations?					
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?					

Part A

7. How often do you make careless mistakes when you have to work on a boring or difficult project?					
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?					
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?					
10. How often do you misplace or have difficulty finding things at home or at work?					
11. How often are you distracted by activity or noise around you?					
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?					
13. How often do you feel restless or fidgety?					
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?					
15. How often do you find yourself talking too much when you are in social situations?					
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?					
17. How often do you have difficulty waiting your turn in situations when turn taking is required?					
18. How often do you interrupt others when they are busy?					

Part B

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from the American Academy of Pediatrics

Health Issues – What You Need to Know About ADHD

Attention-deficit/hyperactivity disorder (ADHD) is a brain condition that makes it hard for children to focus on tasks and control their behavior. One of the most common chronic conditions affecting children, ADHD is different from the usual behavior problems that children deal with at times. Children with ADHD tend to have persistent symptoms of inattention, impulsivity, and hyperactivity that interfere with their ability to carry on normal lives.

Between 4 percent and 12 percent of school-aged children have ADHD. Boys are diagnosed about three times more often than girls are.

The causes and origins of ADHD still aren't clear. However, ADHD is one of the most thoroughly researched childhood conditions, and much has been learned about it.

We now know that:

- ADHD is a biological disorder, not just "bad behavior." In a child with ADHD, the brain's ability to properly use important chemical messengers, called neurotransmitters, is impaired.
- The parts of the brain that control attention and activity level may show lower activity in children with ADHD.
- There is a family connection with ADHD. Sometimes parents are diagnosed at the same time their children are.
- Environmental toxins can play a role in the development of ADHD, but that is extremely rare.
- Severe head injuries can cause ADHD in some cases. There is no evidence that ADHD is caused by eating too much sugar, food additives, allergies, or immunizations.

Symptoms

A child with ADHD may have one or more of the following symptoms:

- **Inattention**: The child has a hard time paying attention. She daydreams, is easily distracted and disorganized, and tends to lose a lot of things.
- **Hyperactivity**: The child seems to be in constant motion and has difficulty staying seated. He frequently squirms and talks too much.
- **Impulsivity**: The child frequently acts and speaks without thinking, interrupting others. She is unable to wait for things.

A child with ADHD may have a very hard time getting along with siblings, friends, and classmates. Learning can be very difficult for an untreated ADHD child, and their impulsiveness can lead to physical danger.

Diagnosis

The only way to determine if your child has ADHD is to be evaluated by a medical professional, who can accurately diagnose and treat a child with ADHD.

The American Academy of Pediatrics (AAP) has created guidelines to help pediatricians diagnose and treat ADHD in children ages 6 to 12 years. Generally, if your child has ADHD:

- Some symptoms will occur in more than one setting, such as home, school, and social events.
- The symptoms significantly impair your child's ability to function in some of the activities of daily life, such as schoolwork and relationships with family and friends.
- They will start before your child reaches 7 years of age.
- They will continue for more than six months.
- They will make it difficult for your child to function at school, at home, and/or in social settings.

There is no proven test for ADHD at this time. However, your pediatrician will follow a process that takes several steps to gather information from you, your child's school, and any other caregivers who spend time

with your child. “The AAP and other professional organizations suggest that evaluations for ADHD follow a standard format and look at a broad range of areas of functioning instead of just ADHD itself,” says Michael I. Reiff, MD, FAAP, editor-in-chief of *ADHD: A Complete and Authoritative Guide*.

Some children have ADHD along with another behavior condition. Your pediatrician will look for signs of such common “coexisting conditions” as:

- **Oppositional defiant disorder or conduct disorder**: Oppositional defiant disorder is more than the usual “boundary testing” that children sometimes do. Children with this condition tend to lose their temper easily, annoy people on purpose, and show defiance and hostility to authority figures. Conduct disorder is similar, but involves breaking rules, destroying property, and violating the rights of others—and can lead to legal trouble. Up to 35 percent of children with ADHD have one of these conditions, as well. Your pediatrician may recommend counseling in addition to ADHD treatment in these cases.
- **Mood disorders and depression**: Children, especially teenagers, with these coexisting conditions may be at higher risk for suicide. Frequently there is a family history of these disorders. Your pediatrician may prescribe a different type of medication for these disorders than those typically prescribed to treat ADHD alone. About 18 percent of ADHD children have a coexisting mood disorder, including depression.
- **Anxiety disorders**: Extreme fear, worry, and panic are feelings common to ADHD children with coexisting anxiety disorders. Typically, these disorders include such symptoms as a racing pulse, sweating, diarrhea, and nausea. Counseling and medication may both be required to treat these coexisting conditions, which affect approximately 25 percent of ADHD children.
- **Learning disabilities**: These conditions make it very difficult for children to master specific learning skills, such as reading or math. When they coexist with ADHD, they can make it even more difficult for children to thrive in school. IQ and academic achievement tests can be used to diagnose a learning disability.

Treatment Plan

Because scientists have learned so much about ADHD through ongoing research, the treatment of ADHD is more effective than ever before for the majority of children. There is no specific cure, but there are many treatment options that pediatricians can tailor for your child.

A typical treatment plan will include the following components:

- A long-term management plan with:
    - Behavior goals
    - Follow-up activities
    - Monitoring
- Education about ADHD
- A team approach to treatment that includes doctors, parents, teachers, caregivers, other health care professionals, and your child
- Medication and Behavior therapy
- Parent training
- Individual and family counseling

The treatment plan will take a long-term approach, similar to the treatment approaches to other chronic conditions, such as asthma or diabetes. ADHD does not go away, so ongoing management of the symptoms is necessary. “The initial steps in starting and carrying out a treatment plan for ADHD can be stressful for all families,” Dr. Reiff says. “That is why it is so important to define a limited number of target goals and treatments that are achievable and can fit into your family’s daily life.”

Education is a particularly important part of the program, and it begins with the parent. The more you read about the condition, the more you can explain to the teachers and other caregivers who work with your child.

Behavior Therapy

Most experts recommend both behavior therapy and medication together to treat ADHD. There is more than one type of behavior therapy, but all types have the common goal of helping the child achieve the desired behavior goals.

The behavior goals for your child should be realistic, observable, and measurable. Improved schoolwork, more independence in homework and self-care, improved self-esteem, fewer disruptive incidents, and better awareness of safety concerns are typical goals for behavior treatment. Your pediatrician will work with you to establish these goals and work with you to develop a workable approach for rewarding improvements and using consequences for relapses.

Medication Therapy

Another key part of a treatment program is medication. For most children, stimulant medications are both safe and effective at relieving ADHD symptoms. They help children focus their thoughts better and ignore distractions, which helps them pay attention and control their behavior more effectively. Research proves that around 80 percent of ADHD children show great improvement through therapy with stimulants. Stimulants are the most prescribed type of medication to treat ADHD.

There are three basic types of stimulant medication:

- Short-acting (immediate release), which move into the system quickly, wear off after a few hours, and must be taken several times a day.
- Intermediate-acting, which enter the system more gradually and require fewer doses during the day.
- Extended-release, which require only a single daily dose (usually in the morning).

Your pediatrician may prescribe one or more stimulants for your child, including:

- Methylphenidate: The best-known brands are Ritalin®, Methylin®, Metadate®, and Concerta®. There are three basic types of this stimulant medication:
    - Short-acting (immediate release), which move into the system quickly, wear off after a few hours, and must be taken several times a day.
    - Intermediate-acting, which enter the system more gradually and require fewer doses during the day.
    - Long-acting, which require only a single daily dose (usually in the morning).
    - Amphetamine: The best-known brands are Dexedrine®, Dextrostat®, and Adderall®. A long-acting type, Adderall-XR®, is also available.
    - Atomoxetine: This is a non-stimulant option your doctor may prescribe. It is also known by its brand name, Strattera®.

Your pediatrician will work with you to find the right medication, dosage, and schedule for your child. Some children respond to one type of stimulant, but not others, and it may take some time to find the right combination.

The diagnosis of ADHD and the medication used to treat it may carry a certain stigma for your child. Dr. Reiff recommends working closely with your child to educate her on the importance and benefits of treatment. “While there is no one-size-fits-all solution, a parent should work with the child and the rest of the treatment team to find a positive approach,” he says. Dr. Reiff adds that keeping the child informed about the medication and all aspects of managing it can help encourage the child’s acceptance of the treatment plan.

All medications have side effects, and the stimulant medications used to treat ADHD are no exception. Not all children experience side effects, but those who do most commonly report decreased appetite or weight loss, sleep problems, and social withdrawal. Most side effects can be lessened or relieved completely by changing dosage, adjusting the medication schedule, or choosing a different stimulant. Also, most side effects decrease over time with continued use of the medication. Your pediatrician will guide you through this process.

Dosage may also need to be adjusted over time, depending on weight and other factors (including possible side effects).

Living with ADHD

It is very important to continue monitoring your child with ADHD to see how she is progressing. Regular office visits, checklists, written reports from teachers, and behavior report cards are among the tools that many parents have found very helpful in evaluating the child’s progress with treatment.

If treatment goals are not being met over time, they may need to be reviewed.

Keep in mind that while treatment can be very effective in reducing the impact of ADHD on your child's life, it may not completely eliminate the symptoms. By continually communicating with the health care and educational professionals who work with your child, you can determine where the source of the difficulties may lie.

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A Word about ADHD Medications and Your Child

Most parents, when bringing their children in to discuss ADHD, are against a trial of medication for their 5-7 year old. However, if their child has been untreated, they often return when he or she is in 4th or 5th grade and are experiencing school failure. At that point, parents want to trial medication and are often frustrated with the time it takes to find the right dose of the right medication. **The goal of all ADHD therapy is to improve school performance and sustain a child's self-esteem. You and your spouse must be clear on what the goals are for your child and how you want to reach them - be it with behavioral intervention or with medication.**

When trialing medications, parents must realize that the process of finding which medication works best for their child may take several months (either changing the brand or adjusting the dose). **With these medications, we are weighing the effects with the side effects and always looking for the maximal benefit for the child. For example, almost all children started on Ritalin or other stimulant medications will lose weight the first few months, but this may be acceptable if they are doing better in school. Addiction is rare.**

We use two types of medicines, both in long-acting forms, Stimulants and Non- Stimulants.

Stimulants – Stimulants are amphetamine based medications:

- Ritalin LA (capsule can be opened and put into food)
- AdderalXR (capsule can be opened and put into food)
- Concerta (pill)
- Vyvanse
- Daytrana (patch)

The most common side effects from this class of medications are weight loss, decreased appetite, and sleep issues. You must trial the medication for a length of time to assess some side effects as many will resolve with time. Once off the medication, side effects quickly resolve. Though addiction potential is low, abuse can occur, especially in high school and college when someone wants to stay up all night to study. Because the effect of stimulants is immediate and does not last longer than a day, we have the option of giving medications daily or just during the school week.

Non-Stimulants

- Strattera (pill form)
- Intuniv

The most common side effect is sleepiness. Often this medication is taken at night to offset this. Decreased appetite may also occur, but less so than with the stimulants. The disadvantages to these medications are that they must be taken every day and it takes about 2-4 weeks before they reach full effect.

Once your child is on the proper dose we expect to see you 3 times per school year; at which time we not only write the prescription, but discuss your child's school and social performance. **1/2012**

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ADHD Information and Resources

National

1. **ADHD Resources Available on the Internet**
   Website: www.nichq.org/adhd_tools.html
- Overview of many resources
- ADHD Information
- Educational Resources

2. **About Our Kids**
   Website: www.aboutourkids.org
   New York University Child Study Center
- Articles
- News
- Books

3. **Addvance: A resource for women and girls with Attention Deficit Disorder.**
   Website: www.addvance.com
   Monthly newsletter: www.ncgiadd.org
- Resources
- Support Groups
- Books

4. **Attention Deficit Disorder Association (ADD)**
   Website: www.add.org
   800-487-2282
- Information
- Books

5. **Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)**
   Website: www.chadd.org
   CHADD National Call Center 800-233-4050
- Information
- Advocacy
- Support
- Handouts

6. **National institute of Mental Health**
   Website: www.nimh.nih.gov
   301-443-4513
- Information booklet
- Medication booklet

7. **What you need to know about ADD**
   Website: www.add.about.com
- Information
- Tips
- Handouts
- Books
- Links to other websites

8. **LD Online**
   Website: www.ldonline.org
- Information for Teachers
- Information for Parents
- A Kid Zone
- A Bulletin Boards, etc.

Massachusetts

1. **Massachusetts Department of Education**
   Website: www.doe.mass.edu/sped
- Special Education
- Information on the IEP Process
- Information on advocacy and lists of advocates
- Links to other web sites

2. **Federation for Children with Special Needs**
   Website: www.fcsn.org
   617-236-72101
- Federal and state ADD/ADHD laws and policies.
- Advocacy
- Links to other web site

3. Mass. Association of Special Education Parent Advisory Councils (MASSPAC}
   Website: www.masspac.org
   781-784-8316
- Information on local Parent Advisory Councils
- Listings of Parent Advisory Councils
- Advocate

4. Add-In Network : Has many parents groups in New England and throughout the US.
   Website: http://www.addinfonetwork.com

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Suggested Reading and References

Parents:

- All Kinds of Minds: A Young Student's Book about Learning Abilities and Learning Disorders, by Melvine Levine, M.D.
- A Mind at a Time, by Melvine Levine, M.D.
- A Call to Character: A Family Treasury of Stories, Poems, Plays, Proverbs, and Fables to Guide the Development of Values for You and Your Children, by Colin Greer (Editor), Hervert Kohl (Editor), a family reader
- ADD/ADHD Behavior-Change Resource Kit: Ready-To-Use strategies & Activities for Helping Children With Attention Deficit Disorder, by Grad L. Flick, Ph. D.
- Drive to Distraction: Recognizing and Coping With Attention Deficit Disorder from Childhood Through Adulthood, by Edward M. Hallowell and John J. Rate
- Girl in the Mirror: Mothers and Daughters in the Years of Adolescence, by Nancy L. Snyderman and Peg Streep
- Hyperactivity: Why Won't My Child Pay Attention? By Sam Goldstein, Ph. D. and Michael Goldstein, M.D., video and/or book
- Life on the Edge: Parenting a Child With ADD/ADHD, by David Spohn
- Raising Resilient Children : Fostering Strength, Hope, and Optimism in Your Child, by Robert Brooks, and Sam Goldstein
- Taking Charge of ADHD: The Complete, Authoritative Guide for Parents (2000), Russell Barkley
- Attention Deficit Disorder: The Unfocused Mind in Children and Adults (2006), Tom Brown
- Teenager with ADD and ADHD: A Guide for Parents and Professionals (2006), Chris Dendy
- A Bird's-Eye View of Life with ADD and ADHD: Advice from Young Survivors (2003), Chris Dendy and Alex Dendy
- Making the System Work for Your Child with ADHD (2004), Peter Jensen
- Practical Suggestions for AD/HD (2003), Clare Jones
- Kids in the Syndrome Mix of ADHD, LD, Asperger's, Tourette's, Bipolar, and More!, Martin Kutscher, Tony Attwood, and Robert Wolff
- Hyperactivity Disorder (2001), Patricia Quinn and Judith Stern
- The ADHD Book of Lists: A Practical Guide for Helping Children and Teens with Attention Deficit Disorders (2003), Sandra Rief
- The Organized Student, Teaching Children the Skills for Success in School and Beyond, Donna Goldberg with Jennifer Zwieblel

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Children, Adolescents and College Students:

- Adolescents and ADD, by Patricia O. Quinn, M.D.
- ADD and The College Student, by Patricia O. Quinn, M.D.
- I Would If I Could: A Teenagers' Guide to ADHD/Hyperactivity, by Michael Gordon
- Eagle Eyes: A Child's Guide to Paying Attention (ages 5-12), by Jeanne Gehret, M.A.
- Distant Drums, Different Drummers: A Guide for Young People with ADHD (ages 8-14), by Barbara Ingersoll, Ph. D.
- Help 4 ADD at High School (ages 14-19), by Kathleen Nadeau Ph. D.
- Jumpin' Johnny, Get Back to Work: A Child's Guide to Hyperactivity (ages 6-10), by Michael Gordon
- Many Ways to Learn: Young Peoples Guide to Learning Disabilities (ages 8-13), by Judith Stern, M.A. and Uzi Ben-Ami, Ph. D.
- My Brother's a World Class Pain: A Sibling's Guide to ADHD (ages 8-14), by Michael Gordon
- Otto Learns About His Medicine (ages 5 –10), by Matthew Galvin, M.D.
- Putting on the Brakes: Young People's Guide to Understanding Attention Deficit Hyperactivity Disorder (ages 8-13), by Patricia O. Quinn, Judith M. Stern, Neil Russell (illustrator)
- Shelly the Hyperactive Turtle (ages 4-8), by Deborah Moss
- Succeeding in College with Attention Deficit Disorders: Issues and Strategies for Student, Counselors and Educators, by Jennifer s. Bramer, Ph.D.
- Zipper, the Kid With ADHD (ages 8-13), by Caroline Janover
- Learning To Slow Down & Pay Attention: A Book for Kids About ADHD (ages 6-12) (2004), Kathleen G. Nadeau, Ellen B. Dixon, and Charles Bely
- The Survival Guide for Kids with ADD or ADHD (2006), John F. Taylor
- Joey Pigza Loses Control (2005), Jack Gantos
- 50 Activities and Games for Kids with ADHD (2000), Patricia O. Quinn
- The Girls' Guide to AD/HD: Don't Lose This Book! (2004), Beth Walker

Many of the books listed above can be found on the website: www.quantumbooks.com

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Another great resource for reading material on ADD/ADHD can be found at www.ParentsMedGuide.org

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A Parent's Guide to Pediatric Neuropsychological Assessment

What is a Pediatric Neuropsychologist?
A pediatric neuropsychologist is a doctoral level psychologist with specialized training in brain-behavior relationships. The pediatric neuropsychologist uses standardized tests and observes behavior to define a child's pattern of cognitive development. The child's performance is compared to what is expected at the child's age-level. The child's individual pattern of strengths and weaknesses is defined based on this comparison. The pediatric neuropsychologist uses knowledge of brain development, brain organization, and the effects of various forms of brain pathology on development to guide this assessment and to interpret the results.

How does neuropsychological assessment differ from the testing provided by a clinical psychologist or school psychologist?
The pediatric neuropsychologist holds a doctoral degree in psychology with specialized training in their area of practice, typically including two-year of post-doctoral work; while the school psychologist typically hold a master's degree and sometimes a doctoral degree. The pediatric neuropsychologist and school psychologist may use some of the same tests; however, the school psychologist is typically testing to determine eligibility for special education, while the pediatric neuropsychologist typically performs a more comprehensive assessment and examines patterns of scores across different tests to come to conclusions about the child's development, attempting to define a pattern of strengths and weaknesses to inform treatment. The pediatric neuropsychologist works to understand where the child is having trouble and why. Unlike most school psychologists, the pediatric neuropsychologist is able to render a diagnosis that the child may require in order to receive the appropriate medical, educational, and developmental treatment and accommodations to reach their full potential.

The pediatric neuropsychologist may look at a broader range of skills, evaluating skills not usually tested by the clinical or school psychologist, including:

- General intellectual functioning
- Academic achievement skills, such as reading, writing, and math skills
- Executive functioning, such as organization, planning, inhibition, and flexibility
- Attention
- Learning and memory
- Language
- Visual–spatial skills
- Motor coordination
- Behavioral and emotional functioning
- Social skills

When should I consider a neuropsychological evaluation?
Referral is typically made by the child's pediatrician, teacher, developmental specialist, or parents/caregivers to answer specific questions about a child's

developmental, cognitive, and emotional status and to aid in differential diagnosis. A neuropsychological evaluation can be helpful if your child has:

- Difficulty with learning, attention, behavior, problem-solving, socialization, acquisition of language, or emotional control.
- A documented developmental condition, such as Attention-Deficit/Hyperactivity Disorder (ADHD), autism spectrum disorder, learning disorder, or emotional disorder.
- A neurological condition such as hydrocephalus, cerebral palsy, epilepsy (seizures), neurofibromatosis, tuberous sclerosis, or a brain tumor.
- A brain injury as a result of an accident, a stroke, or an infection of the brain.
- Other medical problems that place him/her at an increased risk of brain injury such as diabetes, chronic heart or respiratory problems, certain genetic disorders, or treatment for childhood cancer.
- Been exposed to toxins such as lead, street drugs, inhalants, mold, or was exposed to these substances or to alcohol prior to birth.
- Had an assessment by a clinical psychologist or the school multi-disciplinary team, but interventions resulting from that assessment failed to help your child.

How will neuropsychological assessment help my child and me?

The neuropsychological assessment and report will provide you with:

- An accurate diagnosis (if warranted) that can help guide effective interventions and acquire educational and developmental services.
- Documentation of the Department of Elementary and Secondary Education Disability Category Qualification (if warranted).
- Documentation of skills before and after interventions to evaluate treatment efficacy.
- Documentation of your child's cognitive developmental pattern over time so that medical treatments, family expectations, and school programming can be adjusted to your child's changing needs.
- A description of your child's strengths and weaknesses.
- Recommendations for what you can do to help your child, including recommendations for educational, medical, and/or developmental programming.
- Resources for community based interventions and supports.
- Help in knowing what is fair to expect from your child at this point in time.
- Help in knowing what your child's needs may be in the future, so that you can plan for the future.
- Recommendations for improving your child's behavior and development. A good pediatric neuropsychologist will provide ongoing follow-up over time to monitor your child as he/she grows and make updated recommendations, as needed and help to coordinate care. In addition, the pediatric neuropsychologist may refer you to other specialists, such as a clinical psychologist, social worker, speech and language pathologist, occupational therapist, or behavioral therapist for ongoing help with your child's development and behavior.
- The pediatric neuropsychologist should also be available to attend school meetings with you or perform a school observation, if necessary.

What should I tell my child to prepare him/her for neuropsychological assessment?

Children sometimes think that visits to a doctor will involve shots. It is important to reassure your child that no shots or painful procedures will be involved in the visit to the neuropsychologist. For school aged children, it is appropriate to describe testing as like school. You can tell your child that he/she will be doing many different activities. Some activities involve listening and

talking while other activities involving looking at things, building things and drawing. Parents are not typically allowed to be present during testing unless the child is very young or has difficulties with separation. Let your child know that you will be close by while he/she works with the neuropsychologist. Reassure your child that she/he can have breaks to use the bathroom and to eat lunch and that she/he may even earn special rewards if they put forth their best effort!

For young children, you can describe neuropsychological assessment as playing games involving listening, talking and remembering. Let the child know that the neuropsychologist will have toys like blocks and puzzles that he/she will get to use. Your preschool child may wish to bring a security object along to the appointment. Try to choose an object that will not be too distracting for the child (e.g. a security blanket or small stuffed animal as opposed to an action figure or toy with many small parts).

You can help your child get ready for assessment by making sure that he/she gets a good night sleep prior to testing. Make sure that you child has eaten so that he/she will not be hungry during testing. Make the assessment day a special day for your child by leaving brothers and/or sisters at home.

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