



PEDIATRIC NEUROPSYCHOLOGY

JOE ACKERSON, PH.D.

JACKERSON@ACKERSONANDASSOCIATES.COM

(205) 823-2373

WWW.ACKERSONANDASSOCIATES.COM

CARDINAL RULES

- Treat each patient as an individual (respect who they are, do not call them by their dx)
- Think about what you are doing (each pt is a single subject design, generate and test hypotheses)
- Tailor the examination to the individual pts needs, abilities, and limitations, considering special examination requirements

WHAT IS THE QUESTION?

- Referral sources
- Referral question(s)- why are you referring them? What is the purpose (and context) of the evaluation?
- Contracts/Agreements/Understanding
 - What are you allowed to assess?
 - What limitations are being imposed upon the examiner?

EVALUATING INDIVIDUAL CLIENTS

- Determine reason/need for evaluation
- Determine premorbid and predisposing variables
- Generate hypotheses and determine methodology
- Assess current neuropsychological functioning
- Identify risk within environmental context
- Predict functional outcomes
- Provide recommendations for management
- Follow-up

HISTORY

- Difference between testing and evaluation is the history, clinical interview, and interpretation
- You cannot know the present nor predict the future w/o knowing the past
- Look for history of concerns
 - When first evident?
 - How have the problems manifested over time?
 - What efforts have been made to understand and/or treat the problem?
- You **MUST** know normal development and how the individual's medical/psychiatric/developmental disorder **TYPICALLY** presents across the lifespan
- Always consider context and function of behavior

THE PROCESS

- Motivation
 - State and trait
 - Influenced by the examiner
- Standard administration versus testing of limits
- Addressing special needs and populations
- Observation
- Documentation

TESTING

- Sampling behavior under specific performance demands.
- Tests provide formal documentation of *performance levels* (overall ability as well as specific strengths and weaknesses) and *problem-solving processes* in specific skill areas.
- The instruments are only as good as their psychometric/scientific foundations and the clinician that is employing them as tools.

PSYCHOMETRICS

- The systematic measurement of psychological/neuropsychological functions
- Allows for **NORMATIVE** comparisons
- Extremely powerful tool to assist clinical decision-making
- Prone to abuse (a little knowledge is a dangerous thing)

BRAIN AND BEHAVIOR

- Analysis of brain-behavior relationships provides insights into adaptation
- Brain-behavior relationships provide a framework for organizing findings
- Any complex behavior reflects multiple brain systems
- Evidence for brain impairment involves both convergent and divergent validity

CONTEXT

- Environments constrain behavior
- Adaptation is a function of brain and context (i.e., they are not independent)
- Brain-behavior relationships are moderated by context
- The expression of brain impairment is context (and development) specific
- Failures in adaptation result from a clash between individual capacities and environmental demands/expectations