Neuropsychological and Psychoeducational Evaluation and Interventions for the Post-Institutionalized/Traumatized Child

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Overview of Psychoeducational Issues

1. Acculturation and "English as a Second Language" vs Neuropsychological Damage
2. Role of Institutionalization on brain and psychological growth and development
3. Complex Neuropsychological profiles of the post-institutionalized child
4. How to arrange optimal "Individualized Psychoeducational Programs"

Critical Factors in P-I Children

1. High-risk pre and post-natal factors
2. Alcohol and taratogenic exposures
3. Prematurity, low birth weight, malnutrition
4. Profound sensory deprivation
5. Lack of ANY consistent PsychoSocial-Educational experiences

Highest Risk Populations

- Children with documented exposure to high risk pre- and post-natal factors
- Children institutionalized more than 3 years with limited language skills
- Children institutionalized from birth who have learned "institutional language"
- Children with multi-sensory attentional, processing, memory and emotional deficits

Major Factors Affecting the P-I Child in School

- Native language impaired or non-existent by "critical periods"
- A child who is not speaking at the time of adoption or who is "slow to progress"
- A child with clear "soft neurological signs"
- A child with significant neurobehavioral regulatory problems (NOT ADHD)
- A child who begins and remains in school with only ESL when there are clear "neurocognitive markers"

Normal vs. "At Risk" Children

- Normal for P-I children to be behind in school
- Normal to have significant PTSD/anxiety
- Normal to resist and act out in school
- Normal for teachers to assume "catch up" with time and ESL only
- Normal for parents and educators to believe "child is just behind" as opposed to disabled
- Main error is in assessment techniques, interpretation and psychoeducational program

Is there really a "Developmental Delay"?

- Neuropsychological theory suggests brain dysfunction, not "developmental delay"
- Must look at integrity of cognitive systems
  - General intelligence
  - General linguistics
  - Speech and language input and production
  - Memory and learning
  - Attention and concentration
  - Visual-perception and sensory-motor skills
  - Academic potential

Prominent Neuropsychological Syndromes in the Post-Institutionalized Child

- Atypical mental retardation scores
- Atypical autistic spectrum patterns
- Generalized, diffuse neurocognitive dysfunction (static encephalopathy)
- Multiple motor and sensory dyspraxias
- Receptive and Expressive language disorders
- Memory and learning deficits
- Atypical ADHD (not just the checklist type)

- Multiple handicaps/multiple learning disabilities
- Severe, global dyslexia (particularly if Fetal Alcohol Syndrome is present)
- Inconsistent testing performance leading to misinterpretations and missed diagnoses
- Neurocognitive impairments affecting behavioral control (Neurobiological substrates)
- Frontal lobe-executive dysfunction (prefrontal cortex impairment)

Critical Points for the Educational System

1. Immediate and comprehensive native language evaluation is MANDATORY
2. Comprehensive neurodevelopmental and medical assessment
3. Assess strengths and weaknesses in language as opposed to just "ESL" classes
4. Provide immediate and comprehensive cognitive rehabilitation strategies (not ESL)

Role of the Educator: Flexibility

- Navigating uncharted waters with P-I children
- Acknowledgement of "high risk groups"
- Language and neurodevelopmental disabilities are very prominent and should be assessed upon arrival (Gindis, 1997; Federici, 1999; Johnson, 1997)
- Research strongly supports "deficits in native language lead to deficits in developing skills"

Struggles and Conflicts for School Psychologists and Educators

- Proper testing batteries/interpretations
- Knowledge of "Deprivation Syndromes"
- Abbreviated vs. Extensive evaluations
- Lack of neuropsychological experts
- Limited amount of specialized tests
- Conflicts between private and school evaluators (please ask me!)
- Negotiating the "Special Education Maze"

P-I Children in School: Challenges for All

- Sorting out areas of competency and disabilities
- Arranging proper academic placement, remediation and supportive services
- Sensitivity to lack of experience base in schools but need for immediate special education
- Language issues take HIGH PRIORITY
- Indiscriminant attachment behaviors common
- Don't make school another "institution"

Timeliness of Evaluations

- Immediately upon arrival in native language
- Monthly updates (parents and teachers)
- Re-evaluations every 3-to-6 months with native language interpreter and learning disability specialist
- Continual assessment of cognitive integrity
- Continual assessment of memory and learning capabilities (Federici, 1998, 1999; Johnson, 1997-2001; Albers 1999-2001; Gindis, 1997)

Why not "Wait and See?"

- Children become anxious, agitated and frustrated when in a "failure cycle"
- Longer period holding onto improper language and learning (i.e. downloading the wrong data)
- Neurodevelopmentally impaired children will not "catch up" on their own—THEY NEED HELP
- Teachers become either frustrated or overlook the deficits in order to "give them time to adjust"

Dynamic Assessments

- Language and culture free intellectual and neurocognitive testing
- Flexibility in administration (but qualified!)
- Multi-sensory and diverse tests and tasks
- Expert knowledge in interpretation based on cognitive abilities, deficits, pattern analysis, and "suppression factors"
- Understand "potentiality" if services provided
- Avoid "quick screening" evaluations

How to Evaluate?

- Must use updated and comprehensive materials
- Use multiple measures to cross-validate data
- Flexible time constraints (it is OK to cheat!)
- Good idea to test in " blocks of time" as opposed to 1 hour segments which are too easy
- Use language and culture-free intellectual, cognitive, memory and problem-solving measures to assess overall integrity
- Count on motor and non-motor visual-perceptual learning aptitudes and abilities

- Use multiple language measures emphasizing phonemic awareness, auditory processing, auditory integration, word retrieval, semantic-pragmatic language, autistic language, and general articulation and clarity
- Extremely important to compare and contrast tests and view an entire "profile" as opposed to just the performance on one measure (i.e. relying on IQ or Woodcock-Johnson scores)
- Must look at "performance over time" (main reason to test in "blocks of time" as opposed to hr by hr)

INNOVATIVE ASSESSMENTS

- Universal Nonverbal Intelligence Test (UNIT)
- Comprehensive Test of Nonverbal Intelligence
- NEPSY: A Developmental Neuropsychological Assessment
- Bilingual Verbal Ability Test (Gindis, 1997)
- Translated (Standardized) Language Tests
- Extensive Non-Language Measures: Bender, Rey Figure, etc. (great measure of organicity)
- Translated or modified standardized academic tests without time constraints

- Leiter and Brigance ARE NOT DIAGNOSTIC
- Cross-validating Wechsler and Stanford-Binet during same testing battery (or portions)
- Measures of executive functioning (Category Test, Wisconsin Card Sorting Test, NEPSY)
- Extensive auditory and visual memory and learning evaluations (Children's Memory Scale, WRAML, TOMAL, CVLT, Luria-Nebraska, Halstead-Reitan, TAPS, TVPS, TOAL)
- EXTENSIVE AUTISM RATING SCALES

Variables Influencing Testing Results

- General unfamiliarity with the examination and examiner
- Lack of experience with any standardized testing or even educational material
- Inability to appreciate problem-solving, organization and time constraints
- Fear, anxiety and motivational issues
- Post-traumatic Stress and Depression
- "Institutional Autism" affecting logic

Critical Neuropsychiatric Factors Affecting Academic Performance

- Overdiagnoses are very common
- ADHD, Reactive Attachment Disorder, Oppositional-Defiant Disorder, Bipolar are frequently used as "starting points"
- PTSD and Generalized Anxiety are indigenous to institutionalization
- All P-I children have attentional, processing, memory and motivational issues
- Atypical Depression/Mood Disorders common

- Many families who adopt place children in school and daycare as a "starting point" as opposed to "stabilizing the family"
- P-I children will have significantly greater needs for school-based emotional support
- Families with P-I children need greater support from schools and professionals
- "The stress outside of the institution is far greater than the stress inside the institution"
- "Honeymoon periods" can be days to months, but will definitely surface (TRUST ME!)

"Cumulative Cognitive Deficits" vs Academic Readiness

- Neurocognitive deficits must be immediately assessed via multi-discipline team
- P-I children have experienced both brain and emotional traumas affecting learning
- "Therapeutic Classroom" is the most positive experience for the traumatized child
- The "wait and see approach" only serves to delay interventions and increase anxiety

Language as a "Critical Window"

- Deficits in native language should not be termed "developmental delays"
- ESL does not provide language remediation for language disorders
- Language problems are the most common deficits in children from orphanages (Gindis and Dubrovina, 1991, 1997)
- Language disorders may lead to broad spectrum neurocognitive, learning and emotional disabilities (i.e. weak "EQ")

Second Language Acquisition

- Slow progression for children with no language or impaired language
- A definite "struggle" in the classroom for the language impaired and traumatized child
- ESL is NOT interventional! – it is supportive
- Stronger native language leads to better English language transition (but is rare)
- Frequent cases of "resistance to acculturation"

- Years of deprivation and language confusion will take years of proper remediation
- "Institutional language" is often filled with the following:
  - Processing and expressive deficits
  - Poor word retrieval and articulation
  - Limited knowledge of abstractions
  - Poor memory consolidation
  - Confused logic
  - Echolalia, perseverations and "autistic patterns"

Teaching Communicative Language Fluency and Mastery for P-I Children

- Know the deficits and know the strengths
- Schools must begin speech therapy even if native language present
- Speech and language therapy should encompass the following interventions:
  - Improvement in central auditory processing
  - Remediation in verbal reasoning, auditory memory and comprehension
  - Increasing "organizational language"
  - Reducing "institutional language patterns"

Detecting and Remediating Cumulative Neurocognitive Deficits

- Neuropsychological evaluations provide greater accuracy than psychoeducational evaluations
- Focus on "global brain functions" vs specific skills or deficiencies
- Assessment of "Institutional Autism" or quasi-autistic patterns manifesting in the form of:
  - Language deficits
  - Social-Behavioral deficits
  - ADHD symptoms
  - Attachment related issues

Factors Improving Educational Performance

- Immediate and intensive assessment and remediation (both cognitive and psychological)
- Movement away from ESL towards categorization as multiply handicapped (MH) based on cognitive and emotional needs
- Well trained professionals experienced with "Atypical and Complex Children"
- Reduction in bureaucracy (IEP conflicts)

- Obtain opinions from learned experts in the field of "International Adoption Medicine"
- Assess and treat any and all co-morbid medical and neuropsychiatric conditions
- Provide individual aides and ample tutoring
- Innovative language and learning programs such as Lindamood-Bell, Learning Fundamentals, LinguiSystems, Remedia, ABA
- "Hands On" instructional approach to learning
- Highly structured IEP goals and methods
- AVOID "IMMERSION PROGRAMS"

Cognitive Rehabilitation Techniques

- Consider any and all approaches to improve linguistic functioning and perceptual accuracy
- Use the "frame work" of brain injured or neurologically impaired
- Strongly emphasize relearning fundamental skills; teaching attention, concentration and basic organizational abilities
- Excellent rehabilitation material available for the brain injured child

Resource Material for Specialists

- Lindamood-Bell (www.lindamoodbell.com)
  - Seeing Stars for Reading and Spelling
  - Lindamood Phoneme Sequencing Program
  - On Cloud 9 Math
  - Visualizing and Verbalizing
- Earobics (www.cogcon.com)
- Phonographics
- LinguiSystems (www.linguisystems.com)

- CreativeTherapyStores.com
- FHAUTISM.COM/SENSORYWORLD.COM
- Remedia Publications for the Differentiated Classroom (1-800-826-4740)
- www.acawebsite.com
- Attainmentcompany.com
- Critical Thinking Books and Software (1-800-458-4849)
- www.linguisystems.com
- (www.learningfundamentals.com)
- ALL MATERIAL BY DR. DAVID ZIGLER

- Behavioral Interventions for Young Children with Autism, by Catherine Maurice (ISBN 0-89079-683-1)
- A Work in Progress: Behavior Management Strategies and a Curriculum for Intensive Behavior Treatment of Autism, by Dr. Ron Leaf
- Teaching Developmentally Delayed Children, by O. Ivar Lovaas (ISBN 0-936104-78-3)
- Therapeutic Education for the Child with Traumatic Brain Injury, by McKerns and Motchkavitz (ISBN 0-88450-591-X)

- Fine-Motor Dysfunction: Therapeutic Strategies in the Classroom, by Levine (available through Therapy Skill Builders at 1-800-228-0752)
- Sensory-Motor Handbook: A Guide for Implementing and Modifying Activities in the Classroom, by Bissell (ISBN 076-1643869)
- Teaching Children with Autism: Strategies to Enhance Communication and Socialization, by Quill (ISBN 0-8273-6276-2)

- The New Language of Toys: Teaching Communication Skills to Children with Special Needs, by Schwartz (ISBN 0-933149-73-5
- Family Therapy of Neurobehavioral Disorders: Integrating Neuropsychology and Family Therapy, by Johnson (ISBN 0-7890-0192-6)
- Cognitive Behavior Therapy for Impulsive Children, by Kendall (ISBN 0-89862-013-9)
- Joining Local Autism Support Group and Training in Applied Behavioral Analysis (ABA)

Will the P-I Child "Catch Up?"

- Factors affecting cognitive catch up:
  - Integrity of brain behavior relationships
  - Presence of FAS/FAE
  - Presence of static encephalopathy
  - Intensity of "Institutional Autism"
  - Length of institutionalization
  - Depth of psychological trauma
  - Length of "Empty Slate Syndrome"

Working with Educators and Families

- Families with P-I children seek out the greatest amount of help possible as "needs run high"
- Families pay taxes and expect services
- Schools have constraints (often unreasonable)
- Schools may "prioritize" students and services
- Multi-Complex children need Multi-Discipline Approaches which cost time AND money
- Becoming "flexible" with categorizations (speech & language, LD, OHI, MH/MD, PD, Autism, Hearing/ Visual, Emotionally Handicapped)

What Do We Do with the IEP?

- Avoid it and say "They will catch up"
- Ignore the need for one
- Argue about necessary services for months
- Make it too simple and vague
- Make it "computerized"
- Make it "generalized"
- Forget we are dealing with a multi-complex child in need of multi-discipline services

Ways to Mediate and Negotiate

- Accept the proper and accurate testing data
- "Splitting Hairs" does the child a disservice
- Work collaboratively with parents and accept what they are seeing at home
- P-I children can be great "charlatans"
- Trust your professional instincts regarding neurocognitive and emotional impairments beyond what the test results yield

Staffings, Meetings and Due Process

- Once again, accept learned opinions
- Accept defeat gracefully
- Always consider "the needs of the child outweigh the needs of the parents and educational systems"
- Avoid lawsuits – Federal courts love families and disabled children
- Knock off personal insults—confine opinions to professional disagreements

The Optimal "Treatment Team"

- Developmental Pediatrician
- Developmental Neuropsychologist
- Pediatric Neurologist
- Pediatric Endocrinologist
- Developmental Optometrist/Ophthalmologist
- Speech and Language Pathologist/Audiologist
- Occupational Therapist
- School Psychologist and Special Educators
- Cognitive-Behavioral Therapist
- Autism Specialist