Understanding Developmental Problems: Assessment and Diagnosis

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Many, different, developmental and behavior problems are noted in children and adolescents.
Goals of Presentation

- Talk about the assessment process, including who, what, why, how
- Review Common Developmental and Behavioral Diagnoses given to children
- Discuss the treatment implications of these diagnoses
The Context of Development

- Why do problems occur for children?
- Why do we need to understand the context of development?
- How does this understanding affect diagnosis, treatment and educational intervention?
What Scientists Believe About Development:

– Development is a bottom-up process.

– Newly acquired skills, information, or understanding are integrated with prior learning.

– Development does not occur in isolation. It is impacted by the environment (caregivers, peers, culture, experience, etc.).

– Development does progress consistently. But there are periods of rapid and less rapid growth.

– There are Individual Differences in the rate.

– Learning occurs throughout the lifespan but maturation is completed after adolescence.
Normal development

Post Natal Experience

Outcomes

nonoptimal  typical  optimal

Birth

Conception
Conception

Birth

Post Natal Experience

Outcomes

Development affected by Disabling condition and by Postnatal Environment

Prenatal

Postnatal Experience

Genetic, Teratogenic or Environmental Factor

nonoptimal  typical  optimal
Etiological Conditions Associated with Developmental/Educational Problems

- Genetic disorders - (e.g., Downs syndrome, Fragile X)
- Prenatal Exposures - (e.g., alcohol, cigarettes, lead, PCBs)
- Perinatal conditions - (e.g., premature birth, birth trauma)
- Postnatal events - (e.g., infections, head trauma)
- Postnatal environment - (e.g., parental substance abuse, abuse, neglect, institutionalization)
Conditions associated with Developmental/Educational Problems

- **Psychiatric conditions** (e.g., autism, depression, PTSD, ADHD)
- **Learning disabilities** (e.g., “dyslexia”, NVLD)
- **Mental Retardation** (e.g., IQ<70)
- **Family Dysfunction** (e.g., divorce, death)
- **Other Stress factors** (e.g., neighborhood violence)
- **Inadequate educational environment**
Postnatal Environment

- Home Environment (e.g. parent’s encouragement of learning; relationship with child; discipline style)
- Social Class (e.g., access to resources, school quality; expectations)
- (Sub) Cultural expectations (e.g., role of women, college attendance)
Problems may occur in one or more of these areas throughout life.

- Physical/Health/Motor
- Developmental/Cognitive
- Behavioral/Social
- Academic/Vocational
The Assessment Process
Common steps in the process

Referral/Screening → Assessment → Feedback & Report → Treatment Planning & Intervention
Decision Points for Caregivers

Referral/Screening

- Noticing a problem
- Overcoming Denial
- Finding the right professional
- Paying for the Assessment

Assessment

- Understanding the results
- Accepting the results

Report & Feedback

- Paying for treatment
- Finding the right professional

Treatment Planning & Intervention

- Sticking with Treatment
Responsibilities of Professionals

Referral/Screening

Providing information and screening opportunities

Assessment

Carrying out accurate and efficient assessment using appropriate tools

Report & Feedback

Writing meaningful report and providing recommendations

Communicating effectively with guardian/caregiver

Treatment Planning & Intervention

Collaborating on treatment plan

Providing Treatment
Important parts of the process

- Identifying a problem
- Obtaining and keeping records
- Comprehensive physical exam
- Assessing co-occurring conditions
- Using a licensed professional
- Evaluation & diagnosis
- Adjustment to the diagnosis
- Comprehensive treatment
  - Specific interventions
  - Working with the school
  - Using a team
  - Getting support
Step 1: Problem Recognition

Referral/Screening → Assessment → Feedback & Report → Treatment Planning & Intervention
When Does a Child Need an Assessment?

- When they have significant medical signs of problems (e.g., hearing, vision; persistent bed wetting).
- When they are showing delays in achieving developmental milestones (walking, talking, sleeping all night, toilet training,).
- When they are showing problems in behavior that do not respond to usual methods.
- When they are having problems at school.
- When their behavior cause problems for the family.
- When parents (and others) are worried about the child.
Who is qualified to Assess and Diagnosis? (Differs for different conditions)

- Licensed Professional
  - Physician
    - Pediatrician (Developmental Pediatrician)
    - Psychiatrist
    - Neurologist
    - Geneticist
  - Psychologist
    - Child Psychologist/Developmental Psychologist
    - Neuropsychologist
  - Social Worker
Types of Problems

- **Developmental**
  - Often medical
    - MD (Pediatrician, Geneticist, Neurologist)
    - Psychologist

- **Mental Health**
  - Medical, Social, Environmental
    - MD
    - Psychologist
    - Social Worker

- **Educational**
  - Medical, Social, Developmental or Mental Health
    - Psychologist
    - Educator
    - MD
Step 2: Assessment

Referral/Screening

Assessment

Feedback & Report

Treatment Planning & Intervention
A Child’s evaluation should include:

- Medical-physical/medical records
- Sensory (vision/hearing)
- Psychological/developmental
- Social
- Educational
- Language
- Motor Skills
- Adaptive Skills
Sensory Assessment (First)

- **Hearing**
  - Newborn screen
  - ABER if indication of problems in infants
  - Acoustical, if problem in older children

- **Vision**
  - Screening by pediatrician or Health Center
  - More comprehensive ophthalmological examination as indicated
Medical Examination (First)

- Regular pediatric care
- If problems noted, refer for consult with specialist
  - Geneticist
  - Neurologist
  - Developmental Pediatrician
- Laboratory tests, neuroimaging, sleep studies, etc, may be required
Psychological Testing (Second)

- This should be done after sensory and medical problems have been identified or ruled out.

- Should be done by licensed professional whose has experience working with the age group.

- Feel free to ask questions about their experience.

- It can sometimes be done by school systems
Assessment Considerations: Examiner

- Examiners should have training and supervised experience in assessment with the appropriate age groups.
- Examiners should have knowledge and understanding of typical behaviors exhibited by children and be able to discriminate “normal” from “abnormal” behavior.
- Examiners should have knowledge and understanding of behaviors exhibited by a broad range of children with Developmental or Psychological Disorders.
- Testing situation should be comfortable and safe for child and family.
- Psychologist should discuss both the assessment process and any insurance or payment questions before services are provided.
The Process of Assessment for Children

Building Blocks: A bottom-up process

Referral Question

Interview

Observation

Informal Procedures

Record Review

Formal Testing
Referral Question

- Developmental concerns
  - Delayed developmental milestones
  - Possible Developmental Disorder
- Medical concerns
  - Prenatal, peri-natal, post-natal difficulties
- Trauma history
  - Abuse and/or neglect
  - Accident, injury, or illness
  - Divorce or death
  - Foster care or adoption
  - Natural disaster
  - Family member in military
- Caregiver-child conflict
Referral Question

- Behavioral changes
  - Mood disturbance: sadness, irritability, withdrawal, isolation, aggression
  - Attachment concerns
  - Self-help

- Interpersonal difficulties
  - Problems with peers, caregivers, or teachers
  - Social awareness

- School readiness/Academic Concerns
  - State Educational Standards
  - Possible learning disorder
  - Speech articulation difficulties
  - Fine or gross motor concerns or delays
Record Review

- **Medical Records**
  - Prenatal, peri-natal, post-natal
  - Developmental milestones
  - Injury, illness, hospitalization
  - Medication

- **Social Service Records, if any**

- **School Records**
  - Grades
  - IEPs

- **Previous Evaluations and Intervention services**
  - Babies Can’t Wait
  - Speech/Language Therapy
  - Physical or Occupational Therapy
Interview(s)

- **Caregiver Interview**
  - Factual information regarding child’s current functioning
  - Medical concerns
  - Developmental milestones
  - Temperament
  - Environment
  - Behaviors
  - Family history

- **Child Interview**
  - Child’s perception of current functioning

- **Teacher Interview**
  - Interpersonal relationships
Observations before the interview and testing:

- Provides clinician with their own first impression of the child
- May assist clinician in better defining the referral question
- May assist clinician in designing the remainder of the evaluation process to be both least intrusive and expeditious
- Assists clinician in determining what challenges might be presented during standardized testing
Overview of Psychological Testing

- Different kinds of tests.
- Why are tests used?
- Interpreting test scores.
- Tests for special populations
  - Nonverbal, infants, non-English language
  - motor free
Some Specific Questions

- **How does the psychologist chose the right test?**
  - Referral Question
  - Age of the Child
  - Child’s testing history
  - Any special circumstances
  - Test Characteristics
Why are tests used?

- To answer questions about a person.
- To describe functioning
- To establish eligibility for services
- To confirm a diagnosis
- To measure the effect of intervention/education
- To answer research questions
Different Tests for Different Ages and for Different Questions
Developmental Tests (DQ) (0 to 3)

- Developmental tests are used to measure infant development.
  - At risk children
  - Suspect developmental delays
  - Specific questions about a child
  - Placement
  - Tracking effects of treatment
  - Research
Tests of Ability ("IQ") (3 to adult)

- Ability tests are used to establish intellectual and academic ability.
  - School Problems (LD, MR)
  - Academic Placement
  - Vocational Counseling
  - Effects of trauma
  - Competency
  - Research
Adaptive Behavior (0 to Adults)

Adaptive behavior scales are used to measure everyday “life skills”.

- Competency evaluation
- Qualification for Special Education/SSI
- Placement
- Effects of Intervention
- Research
Achievement Tests (6 to Adults)

Achievement tests are used to measure how much has been learned (achieved).

- Academic Skills (Reading, Spelling, Math)
- Class room tests
- Work related achievement
- Readiness tests for preschoolers
Measuring Emotions and Behavior (0 to Adult)

- These are sometimes also called “personality tests”. They are designed to identify:
  - Reason for behavior problems
  - Effect of trauma
  - Diagnosis of emotional problems
  - Treatment outcomes
  - Forensic and Custody Evaluations
Miscellaneous Tests

- There are many other kinds of tests
  - Social skills
  - Parenting stress
  - Honesty
  - ADHD
  - Creativity
  - Musical Aptitude
  - Et cetera…………. 
Children with Special Needs

- Most testing is done with children with special needs
- For special situations, there are special tests - nonverbal, Spanish, motor free
- Some professionals have special skills, -- not everyone can do everything
Step 3: Understanding the Results

Referral/Screening

Assessment

Report & Feedback

Treatment Planning & Intervention
The Test Report

The Report is a “medical” document describing the results of the evaluation.

It must include certain elements.

For a psychologist, it is unethical to withhold this information particularly if it may affect child’s medical or educational care.
Common Pieces of a Standard Psychological Report

- Examiner, Supervisor (if applicable) & their credentials
- Referral question(s), reason for evaluation
- Relevant background
- Summary of any previous evaluations
- Behavioral observations
- List of tests or instruments administered
- Standardized testing results & interpretation
- Qualitative testing results/summary of clinical interview(s)
- Summary & diagnostic impressions
- Diagnoses (usually including codes)
- Recommendations
Test Results

- Includes a list of tests given
- Describes the tests
- Provides the “scores”
- Interprets the test results in relation to Test “norms” so that the results are meaningful and useful
- Should be provided both in writing and directly to the caregivers by the tester/supervisor to allow questions
Different kinds of tests for different problems...

Considerations include...

- Age of the child
- Referral Questions
- Previous assessments and diagnoses
- Plans for the results of the assessment
Broad Developmental Measures

- Battelle Developmental Inventory, 2nd Edition
- Developmental Profile, 3rd Edition
- Developmental Assessment of Young Children (DAYC)
- NEPSY-II
- Child Development Inventory
- Early Screening Profiles
Cognitive (Ability) Measures

- Differential Abilities Scales, 2nd Edition (DAS-2)
- Wechsler Tests
  - Preschool and Primary Scales of Intelligence, 3rd Ed (WPPSI-III)
  - Intelligence Scale for Children, 4th Edition (WISC-IV)
  - Adult Intelligence Scale (WAIS)
  - Abbreviated Scale of Intelligence (WASI)
- Stanford-Binet Intelligence Scales, 5th Edition (SB-V)
- Bayley Scales of Infant and Toddler Development, 3rd Edition
- Mullen Scales of Early Development
- Leiter International Performance Scale-Revised (Leiter-R)
School Readiness & Academic Achievement Measures

- Test of Early Math Abilities (TEMA)
- Test of Early Reading Abilities (TERA)
- Bracken Basic Concept Scale-Revised (BBCS-R) or BBCS-III receptive and BBCS-III expressive
- Woodcock Johnson, 3rd edition, Test of Achievement (WJ III ACH)
- Kaufman Survey of Early Academics and Language Skills (KSEALS)
- Wechsler Individual Ability Tests, 2nd Ed (WIAT-2)
- Wide Range Achievement Test (WRAT)
Language Measures

- Test of Language Development (TOLD-4)
- Clinical Evaluation of Language Functioning (CELF-4)
- Peabody Picture Vocabulary Test, 4th edition (PPVT-IV)
- Expressive Vocabulary Test (EVT)
- Kaufman Survey of Early Academic and Language Skills (KSEALS)
- Preschool Language Scale, 4th edition (PLS-4)
- Receptive Expressive Emergent Language Scale, 2nd Edition (REEL-2)
- Comprehensive Test of Phonological Processing (CTOPP)
Emotional and Behavioral Measures

- Behavior Assessment System for Children, 2nd Edition (BASC-II)
- Achenbach Child Behavior Checklist
- Temperament and Affective Behavior Scales (TABS)
- Infant Toddler Social-Emotional Assessment (ITSEA)
- Specific checklists for disorders (Autism checklist, ADHD checklists)
Adaptive Behavior/Self-Help Measures

- Vineland Adaptive Behavior Scales, 2nd Edition (VABS-2)
- Adaptive Behavior Assessment System, 2nd Edition (ABAS-2)
- AAMR Adaptive Behavior Scale, 2nd Edition
Motor Measures

- Peabody Developmental Motor Scales (PDMS)
- Beery Buktenica Developmental Test of Visual Motor Integration, 5th edition (VMI)
- Toddler and Infant Motor Evaluation (TIME)
- Test of Infant Motor Performance
Tests have Scores

- Every test report will have many numbers representing the outcomes of the tests.
- They can be understood only in relationship to test norms.
What is a “norm”?  

- Test scores are understood in comparison to “norms” which are the results of the test given to “typical” populations.
- Scores show the child’s “rank” in relation to other child who took the test.
- We understand a person in relation to others, of the same age, gender, social class....
What do those Scores Mean? 
Interpreting test reports

- **Developmental Norms**
  - Mental Age
  - Age Equivalent
  - Grade Equivalent

- **Within Group Norms**
  - Percentiles
  - Standard Scores- all based on normal curve
    - Scaled scores, T-scores, etc
Some standard scores

- IQ (M=100, sd=15)
- SAT (M=500, sd=100)
- T-score (M=50, sd=10)
- Scaled Score (M=10, sd=3)
- Percentiles (M=50th)
IQ, SAT, T-Score, etc

Normal Curve

Standard Deviations
-3  -2  -1  0  1  2  3

Percentiles
<1st  2nd  16th  50th  84th  98th  >99th

68%  95%  >99%

<1st  2nd  16th  50th  84th  98th  >99th
Understanding the Scores

- IQ is an ability test-tries to measure a person’s ability to learn and problem solve.
- The mean (or average score) is 100.
- 67% of all people will score between 85 and 115 on an IQ test.
- IQ > 130 = superior ability-98th percentile.
- IQ < 70 = mildly mentally disabled-2nd percentile.
- IQ < 50 = moderately disabled-<1st percentile.
“Impressions”

• Most Psychological Reports will have an Impression section. Or a Summary.

• It sums up the professionals impressions in an overall way.

• It will be based on the information gathered in the assessment, developmental and psychological theory, and the referral questions.

• There may be impressions focused on different aspect of the child’s life, that is, behavior, educational needs, social problems and so on.

• Summary of information should be clear and direct.
Recommendations

• All reports should include Treatment Recommendations.

• They should address the Referral Questions as well as the Impressions.

• These should deal with all the facet of the child’s life that require help.

• Recommendations should include action steps so that the person reading the report knows what to do next.

• Action steps may include specific activities or referrals to other providers.
The report must be made available to the caregiver/guardian in a timely manner.

Report and supporting documents are kept for up to 7 years. For children, however, information may not be validly used after several years.

The report must be signed and dated by all professionals involved in creating it.

The report cannot be changed after it is signed.
Diagnoses

- Every Assessment should end with “diagnosis”.
- This diagnosis should be related to the findings of the assessment and provide additional information.
- Diagnoses should be related to Treatment Recommendations.
Some Common Categories of Diagnoses in Children

- Developmental Problems
  - Developmental Delays
  - Speech/Language Delays
  - Motor Coordination Disorder
  - Intellectual Disability (replaces “Mental Retardation”)
  - Borderline Intellectual Functioning
  - Specific Learning Disabilities (e.g., Reading Disability/Dyslexia)
Some Common Categories of Diagnoses in Children

- Behavioral and Mental Health Diagnoses
  - Autism Spectrum Disorders (ASD)
  - Attention Deficit, Hyperactivity Disorder (ADHD)
  - Oppositional Defiant Disorder (ODD)
  - Conduct Disorder (CD)
  - Mood Disorders (Depression)
  - Anxiety Disorder
Some Common Categories of Diagnoses in Children

- **Conditions Associated with Medical Diagnoses**
  - Behavioral problems associated genetic disorders, health problems, medical treatment, etc

- **Conditions Associated with Environmental Factors**
  - Reactive Attachment Disorder (RAD)
  - Adjustment Disorder (AD)
  - Post Traumatic Stress Disorder (PTSD)
Developmental Problems

- This is a delay or abnormality in the normal developmental process.

- Examples:
  - Delay
    - Child does not walk by 18 months
    - Child does not speak by 2 years old
    - Child does not learn to read in primary school
  - Abnormality
    - Child is not interested in social contact
    - Child has normal language but cannot write
Some Information about Disabilities

- 30 children in 1000 are developmentally disabled or mentally retarded.
- 3 in 1000 are severely or profoundly affected.
- The reason for the problem is unknown in many cases.
  - 10 in 1000 are affected by prenatal alcohol exposure to some extent.
  - 1 in 110 diagnosed with autism
Developmental Problem(s)

- Developmental “delay” and disabilities
- Mental Retardation (mild, moderate, severe, profound)
- Borderline Intellectual Functioning
- (Specific) Learning Disabilities
- Mental Health problems affecting development and educational functioning
- Other Health Impaired (OHI)
- Sensory Problems affecting learning (Vision/Hearing)
- Motor problems affecting learning
# MR: Categorization

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Step 4: Getting the Right Help

- Referral/Screening
- Assessment
- Feedback & Report
- Treatment Planning & Intervention
Treatment for Developmental Problems

- Early Intervention
- Special Education
- Speech/Language
- Occupational Therapy/Physical Therapy
- Vocational Training

- Much of this will be through the School System.
Some Specific Questions

- How Does Testing affect the child’s placement in school?
  - Qualify for category of service
  - Identify specific strengths and weaknesses
Educational Problems

- Some children cannot function adequately in the “standard” educational situations.
- Federal law requires that all children be served.
- There are a number of conflicting agendas at work in determining the appropriate methods for education.
- Communication among “experts” can be difficult.
Conditions Associated with Developmental/Educational Problems

- Genetic disorders (e.g., Downs syndrome, Fragile X)
- Prenatal Exposures (e.g., alcohol, cigarettes, lead, PCBs)
- Perinatal conditions (e.g., premature birth, birth trauma)
- Postnatal events (e.g., infections, head trauma)
- Postnatal environment (e.g., parental substance abuse, abuse, neglect, institutionalization)
Conditions associated with Developmental/Educational Problems

- **Psychiatric conditions** (e.g., autism, depression, PTSD, ADHD)
- **Learning disabilities** (e.g., “dyslexia”, NVLD)
- **Mental Retardation** (e.g., IQ<70)
- **Family Dysfunction** (e.g., divorce, death)
- **Other Stress factors** (e.g., neighborhood violence)
- **Inadequate educational environment**
Developmental Problems associated with Substance Abuse

- Fetal Alcohol Syndrome and FASD
- Low Birth weight
- Neonatal Withdrawal Syndrome (NWS)
- Asthma/respiratory distress
- Language Disorders
- Motor Coordination disorders
- Developmental Delay/Disabilities
- Academic problems
- Behavior Problems-Arousal Dysregulation
LD: Types

- Reading Disorders
- Mathematics Disorders
- Disorders of Written Expression
- Learning Disability, Not Otherwise Specified
Diagnosis and Educational Placement

- Medical or Mental Health Diagnosis may not affect school placement.
- Special Education qualification is determined by Federal Law and State Regulations.
- Child’s condition or problems must affect their ability to be benefit from education to qualify for Special Education Services.
Qualification for Special Education in Georgia
Eligibility for Special Education Services

- Set of criteria used by the school system to determine eligibility for special education services (including placement and intervention)

- A diagnosis by a psychologist or MD does NOT automatically qualify a child for services (important to explain to caregivers)

- Educational IMPAIRMENT is an important factor
Exclusion Criteria

The following cannot be a primary factor in determining whether child has a disability:

- lack of appropriate instruction (reading, writing, math)
- limited English proficiency
- vision/hearing/motor disability
- cultural or environmental factors
- economic disadvantage
- atypical educational history
Sources of information used to determine eligibility

- aptitude tests
- achievement tests
- parent input
- teacher recommendations
- medical information (re: child’s physical condition)
- social/cultural background
- adaptive behavior
LD, NOS

- Criteria are vague & ill-defined
- LD, NOS diagnosis might include:
  - Learning difficulties in 1+ areas that do not meet full criteria for a specific LD
  - Learning difficulties in multiple areas resulting from a single underlying process (e.g., processing speed deficits, executive functioning deficits)
  - Nonverbal Learning Disability (NVLD)
Some Relevant Eligibility Categories

- Significant Developmental Delay (SDD)
- Autism Spectrum Disorder (ASD)
- Emotional & Behavioral Disorder (EBD)
- Other Health Impairment (OHI)
- Speech-Language Impairment (SLI)
SDD: Definition

- A delay that without intervention may adversely affect a child’s educational performance.
- Can be used for children ages 3-9 (end of that school year), but child must obtain eligibility prior to age 7.
SDD: Criteria

- Must scores at least 2 SD below average in at least one, or 1.5 SD (i.e., SS=77) in at least 2, of the following areas:
  - Adaptive development
  - Cognition
  - Communication
  - Physical development (gross & fine motor)
  - Social/emotional development

- For kindergarten or older, must rule out exclusions listed previously, plus emotional disturbance

- All 5 areas must be assessed with one formal instrument & suspected delays require 2 measures to confirm delay

- Child can also meet eligibility for deaf/hearing impairment, vision impairment, speech/language impairment, &/or orthopedic impairment
SDD: Placement & Service Delivery

- No one placement option; determined by IEP Team; any of the following are options:
  - Regular early childhood setting
    - Head Start
    - Georgia Pre-K
    - Community Daycare
    - Private Pre-K
  - Separate early childhood special education setting
  - Day school
  - Residential facility
  - Service provider location
  - Home
Some Placement Options

- **General Education**
- **Inclusion** – means children with special education services are in the general education classroom. Special education teachers are providing input at some point.
- **Collaboration** – a special education is in the classroom or providing instruction for part of a class or an entire class.
- **Co-Teaching** – a special education teacher and a general education teacher work together.
- **Resource** – small group setting with the special education instructor.
  - Can be mixed aged groups.
  - In some cases, children are studying different subjects in the class.
- **Self-contained** – all day in a class with a special education teacher.
Eligibility Process

- Although federal & state guidelines are the same, the actual process often varies (sometimes considerably) from county to county & even school to school.

- Also varies depending on where child starts the process (e.g., enrolled in public pre-K, private daycare, Head Start).

- New legislation has resulted in many changes; to some extent schools are still “figuring it out”.

- Little information available for pre-K in terms of specific processes & how changes are being implemented; most available info. seems to be slowly “trickling down” from school-age programs & policies.
Response To Intervention

- Core Features
  - A core curriculum & effective instruction for all children
  - Targeted interventions for some students who meet screening criteria
  - Integrated system for universal screening and progress monitoring linked to instructional planning
Treatment for Mental Health and Behavioral Problems

- Behavioral Interventions
- Psychotherapy
- Parent Coaching
- Family Therapy
- Medication
- Environmental Interventions
Roadblocks to accurate diagnoses of Mental Health problems

- Symptoms - that often include extreme behaviors and dramatic changes in behavior and emotions - may change and develop over time.

- Children and adolescents undergo rapid developmental changes in their brains and bodies as they get older and symptoms can be difficult to understand in the context of these changes.

- Children may be unable to effectively describe their feelings or thoughts, making it hard to understand what is really going on with them.

- It is often difficult to access a qualified mental health professional to do a comprehensive evaluation because of the shortage of children’s mental health providers and some health care providers are reluctant to recognize mental illnesses in children and adolescents.

- There are no objective, definitive tests for a vast majority of mental health diagnoses (e.g., lab results or blood tests)
Questions?
Assessment of the Newborn

Neonatal Behavioral Assessment Scale, 3rd Edition (NBAS)

- Conceptualizes Neonate as Complexly Organized individual
  - Defends self from negative stimuli
  - Control motor and autonomic responses to attend to environment
  - Elicit stimulation from the environment
No “Newborn IQ”

- There is no summary score created.
- It is a description of the infant
- A controlled observation
- Observations are grouped into 7 categories
  1. Habituation
  2. Orientation
  3. Motor Performance
  4. Range of State
  5. Regulation of State
  6. Autonomic Regulation
  7. Reflexes