

WEBVTT

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Okay.

2 "Embriano, Alana" (2593618176)

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Welcome and thank you for calling into Cigna's Autism awareness series. My name is Alana and I'm a care manager for the autism specialty team. Due to the format of this call, your line will remain muted throughout the entirety of the seminar. Any questions received throughout the presentation will be through the Webex platform.

3 "Embriano, Alana" (2593618176)

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And will be answered at the presenter's discretion at the end of the seminar. It should be noted that we will only answer questions that are on today's topic, and there will be an option at the end to complete a short survey. A handout for today's seminar is available online at [www.cigna.com backslash autism](http://www.cigna.com/backslash/autism). Scroll to current topics in the middle of your page and click on today's topic labeled understanding neuropsychological testing or follow along throughout the Webex presentation.

4 "Embriano, Alana" (2593618176)

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Please note that not all policies cover today's topic for more specific information on if your policy covers services discussed in today's seminar, please contact the autism team by calling the number on your insurance card. Today I have the pleasure of introducing dr. Kristen Finelli, PHD BCBA LBA.

5 "Embriano, Alana" (2593618176)

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Dr. Finelli is currently the manager of student services and school counseling at the Maryland State Department of Education. She additionally works as a clinical psychologist specializing in psychoeducational and neuropsychological evaluations and autism diagnoses. Prior to her current roles, dr. Finelli was a high school science teacher school.

6 "Embriano, Alana" (2593618176)

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The counselor and school psychologist in public and private schools working with pre kindergarten through high school students. Dr. Finelli obtained her doctorate degree in school psychology from Fortim University, where she was the distinguished graduate in Banner Bearer for the graduate School of education in 2018.

7 "Embriano, Alana" (2593618176)

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She completed her post doctoral fellowship in neural psychology at Mass General for children at the North Shore Medical Center in sale in Massachusetts. She additionally holds a master's degree in school counseling from Manhattan college. We would very much like to thank you for being here today, dr. Finella, you are welcome to start your presentation.

8 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Thank you and good afternoon or good morning depending on where you're joining. Thank you for joining me today to talk about neuropsychological testing. We're gonna talk about neuropsychological testing today as an overview and both more specifically towards autism and autism diagnostic evaluations. As mentioned, I am a clinic.

9 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Psychologist I do specialize in this type of testing and we'll talk a little bit more about what that means in terms of being a neuropsychologist and neuropsychological testing. And as previously mentioned, I currently work for the Maryland State Department of Education, so here's my disclaimer. Nothing that I say today represents the Maryland State Department of Education or Maryland State as a whole. These opinions are mine and and solely mine alone.

10 "Christen Fanelli, Ph.D. she/her" (1686598400)

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So here's the overview for today's session. We're gonna talk a little bit about neuropsychology as a definition, what it means and what a neuropsychologist is, and then we'll walk through a neuropsychological testing process both as a parent and a child, what you can expect throughout this process. And then at the end of the process typically a report.

11 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Is given to you. And so we'll look a little bit deeper into a report, what's inside a report and what you can do with it, what you can learn from a neuropsychological report. So what is neuropsychology? A neuropsychologist is someone who studies neuropsychology. This is a clinical psychologist, meaning that this person has either a phd or a side. This is not a medical dr. or a psychiatrist, but a psycho.

12 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Colleges that has specialized training. These individuals do work collaboratively with many medical professionals such as doctors and nurses, as well as other related services providers like speech

language pathologists occupational and physical therapists and rehabilitation therapists.

13 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Yeah, because neuropsychology is a specialty field with inside psychology. Neuropsychology really is an emphasis in looking at a study of understanding the brain behavior relationships. By understanding the brain's structure and the relationship between the brain and the individuals functioning, we can learn more.

14 "Christen Fanelli, Ph.D. she/her" (1686598400)

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About the individual's strengths and weaknesses. The National Academy of neuropsychology defines neuropsychology as the study of the relationship between behavior, emotion, and incognition on the one hand and brain function on the other. So really what we look at is the different parts of the brain and how those impact your emotions, your behavior.

15 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Behavior and your functioning across all of the different aspects of your life. Because neuropsychologists know a wide variety of things that impact an individual's functioning throughout their life, such as the brain and nervous system functioning and the anatomy of those areas, how human development plays into cognitive and emotional functioning, as well as patterns of human development.

16 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Development starting in the womb before birth and leading through adulthood. Neuropsychologists also take into account the role that not just you, but everything around you plays in your development and your functioning, like your family, the society you live in, your culture, and your environment. And it also looks at how education impacts your functioning.

17 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Yeah Neuropsychological testing is really looking at a pattern of strengths and weaknesses. It helps us to better understand the effects of certain medical conditions such as autism or attention deficit disorder on our thinking, our learning, our behavior, and our emotions. By using some standardized tests and measures that will tell.

18 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Talk about later on and possibly observations to define this pattern

of strengths and weaknesses in an individual. We usually do this by taking these standardized tests and measures and comparing an individual's performance on those to how we would typically expect a child or an individual of that age to perform.

19 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Yeah Neuropsychological testing is different from just psychological testing or psycho educational testing which typically occurs inside of the schools. Psychological and psychoeducational testing are really typically to diagnose different psychiatric and developmental disorders. E.g., diagnosing ADHD or diagnosing a learning disability.

20 "Christen Fanelli, Ph.D. she/her" (1686598400)

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In order to provide special education in the schools. These are really more narrow testing. We look at a student is struggling in math and we think about the areas that might be impacted and then we test those areas to determine if there is a math weakness. This is different than neuropsychological testing because neuropsych testing takes kind of a.

21 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Bigger picture. Psych testing and psycho educational testing really look at the scores to determine if a child has a weakness compared to the rest of the population. But neuropsychological testing doesn't care so much about the scores, but how the.

22 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Child performed to obtain those scores. So what did the kid do in order to answer those questions? What kind of coping mechanisms did they demonstrate? What was their frustration tolerance and motivation like? That gives us a lot of information as well. This is different from regular site testing because neuropsychological testing.

23 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Again looks at the entire child to get a more broad and comprehensive view of what's going on.

24 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Now we're gonna kind of walk through a neuropsychological testing process. So neuropsychological testing again is very broad and it encompasses a lot of areas of psychological, emotional, and behavioral functioning. So there's gonna be a lot of different types of tests involved. So it's a lengthy process.

25 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Because again, we're trying to provide a better understanding of a child's behavior and learning in every setting, not just how they perform during the testing, but we want to be able to discuss how the child performs at home, at school, in the community, in different people's houses.

26 "Christen Fanelli, Ph.D. she/her" (1686598400)

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And it's because neuropsychological testing really wants to help provide recommendations for interventions and treatment for parents, teachers, schools, and other medical professionals and providers. So we really want to get a broad picture of what's going on.

27 "Christen Fanelli, Ph.D. she/her" (1686598400)

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But not every child who has any sort of psychological or psychiatric condition needs neuropsychological testing, and not every child who's experiencing just school or behavioral difficulties needs neuropsychological testing. A neuropsychological assessment might be beneficial if a child has challenges.

28 "Christen Fanelli, Ph.D. she/her" (1686598400)

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That aren't responding to typical interventions, so if the student is struggling in school, let's say a child with autism is having some behavioral challenges in school and isn't responding to typical behavior charts or other behavioral interventions put into place. It might be time to have a neuropsychological evaluation to really dig into some strengths and weaknesses and determine what might work best for the child or in this situation.

29 "Christen Fanelli, Ph.D. she/her" (1686598400)

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A neurosychoval might be necessary if there's other medical conditions involved such as cancer, genetic disorders, cardiovascular or heart disorders that might be impacting both this psychological condition but anything else that might be going on. A neuropsycho valve might be appropriate if there's a traumatic brain injury or a concussion.

30 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Or any other type of injury that might have lasting effects. If there's been exposure to chemicals such as alcohol, illicit drugs, radiation, lead poisoning that might be impacting learning memory and behavior, or through our psychological evaluations might be appropriate if this child's the 1st in the family to demonstrate any of these difficulties without a known cause.

31 "Christen Fanelli, Ph.D. she/her" (1686598400)

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It might be time to investigate where these possible causes came from or where these challenges came from to better understand the strengths and weaknesses to support the child and the entire family.

32 "Christen Fanelli, Ph.D. she/her" (1686598400)

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As mentioned before, neuropsychological testing can be a lengthy process, and it typically starts with a waitlist unfortunately. If you need neuropsychological testing including autism diagnostic testing or fuller neuropsychological testing, you know that there's typically a waitlist at any type of clinic hospital or private settings, so unfortunately.

33 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Day after the referral, you typically have to wait on a list. Usually the next step is an intake or an interview to gain some background information, the reason for a referral, any concerns you might have and what you're hoping to obtain from the evaluation. And then unfortunately there might be another wait again. This might be due to needing to get insurance authorization or having to reach to.

34 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Outside providers in order to get more information before moving forward with the testing. Then the neuropsychological evaluation will happen, and this could be one or multiple days. We'll talk about that as we go through. Then there's unfortunately going to be some more waiting while the neuropsychologist puts all this information together, scores the evaluations, gets collateral informations from teachers, doctors, other providers, other family members.

35 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Their friends and puts it together in a really lengthy report that will also talk about and then there's typically a feedback session to talk about any diagnoses, recommendations, strengths, challenges, areas of support, and ideas for moving forward.

36 "Christen Fanelli, Ph.D. she/her" (1686598400)

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So let's walk through those steps, starting with the intake interview. An intake interview, again, is typically only with the parents if the neurosite testing is for a child, and this is really to gain background information. What I usually tell families is that there's so much boring information about the child there.

37 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Now we don't want to waste their time, but there's also a lot of sensitive information that gets discussed both about the child's challenges, but about family information as well that sometimes we don't want to talk about in front of a child, let alone child that might be having some challenges. So this is typically just with adults. Since COVID, thankfully we do a lot of these through telehealth and virtually so you don't need to come into an office to do this. And again, this typically happens before the day of testing, and a lot of the reason for this has to do with insurance and pre authorization. It may happen the day of testing, although it usually does happen pro.

38 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Prior to the testing days. Again during this interview, you'll discuss to your concerns and what brings you to the evaluation. Please plan to bring any information you might need with you about your child's background, any documents that contain information about developmental history or milestones that might have been achieved late, any medical history that's important, including.

39 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Prescriptions and their dosages, five oh four plans are individualized education programs, iep's from school would be important to be able to have with you or be ready to discuss. Because there's gonna be a lot of questions about the child's background and history, developmental, family history, medical history, school history.

40 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Social history, family history, emotional history, behavioral history, to get a better idea of where the child's been and where they currently are now before we go into the testing. You may also be asked to sign some consent or release forms so that the psychologist can reach out to other individuals and get some more information. These individuals might be prescribing doctors such as a psychost.

41 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Interest or a medical dr. or other professionals like a speech pathologist. They may also want to reach out to teachers or the school as their information's invaluable during these evaluations especially because children spend most of their time in school and that's typically what a lot of our recommendations have to do with.

42 "Christen Fanelli, Ph.D. she/her" (1686598400)

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We might also want to reach out to therapists who are working with the child's psychotherapists as well as rehab therapists and other

physical or occupational therapists. At the end of the interview, you maybe asked to complete scales or measures before you come back for the testing. These might be emailed to you or give.

43 "Christen Fanelli, Ph.D. she/her" (1686598400)
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Into you in a paper format, and this helps provide some information about the child in terms of functioning, social emotional functioning, behavioral functioning, as well as adaptive skill functioning. And it just helps us to gather more information about what your child is like at home with you. Teachers typically get asked to answer or respond to.

44 "Christen Fanelli, Ph.D. she/her" (1686598400)
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The same scales as well so we can get a sense of what the child is like during the school day. In this intake interview lasts typically anywhere from about 45 to 90 min, so be prepared to again answer a lot of questions and be thorough. Don't be shy with any of your concerns or what your expectations might be. It's better to be up front of.

45 "Christen Fanelli, Ph.D. she/her" (1686598400)
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About any questions that you have. The psychologist should also walk you through what the rest of the process is like. Many clinic and hospital settings might have social stories or other picture books for you to go over with your child to prepare them for that testing day as well. So that brings us to discussing the testing with your child. Again, the intake interview is.

46 "Christen Fanelli, Ph.D. she/her" (1686598400)
00:15:15.769 --> 00:15:37.249

So usually before the testing days, so it gives you a chance to be able to prepare, to prepare your child. At that point you should know whether or not it's gonna be one day or multiple days. This all depends on the age of the child, the testing questions, what your kids are able to handle. Sometimes we do testing sessions in one to 3 h settings over multiple.

47 "Christen Fanelli, Ph.D. she/her" (1686598400)
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Days, Sometimes we do them in 6 h settings over one day. Again, it all just kind of depends, and so you'll want to talk about that during the intake interview with the neuropsychologist. Because you'll want to be able to explain that to your child when you're preparing them for this, to give them some expectations, help them manage that in terms of how long it's going to be and how many days they'll have to.

48 "Christen Fanelli, Ph.D. she/her" (1686598400)
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Been with this neuropsychologist. You want to be able to explain that your child is gonna go visit a dr. who wants to learn about everything they can and can't do so that they can help the child in school or at home. The biggest question that I get asked from kids when they meet me for the 1st time is if I'm gonna give them shots, so I always ask parents to prepare your kids ahead of time that you.

49 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Just because I'm a dr. does not mean I'm giving shots. I don't do anything like that. So it's always nice to tell your kids ahead of time that this is a different type of dr. that's not gonna give any shots or do anything painful. You can tell your child, though, that they're gonna be doing things like playing games that involve listening, talking, remembering or figuring.

50 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Things out. Some of those games feel like school, some of them are more fun. It all kinds of depends. Every child kind of reacts differently to testing. Some kids love every single part of testing. Some kids hate every single part of testing. Some have parts they like and some they can't stand, so it all just kind of depends on how you prepare your child, what their kind of.

51 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Expectations are and what they enjoy doing. Most of our tests involve things like blocks and pictures and games and so there's usually something a child will like about this type of evaluation. And again, if you have any questions or your child has any questions before the testing day, always reach out and ask. It's better to be prepared so that you know what to expect. We'd rather have a child know exactly what they're getting into so that they're motivated and ready to go as opposed to one that fights with us because then we're not getting their best effort out of it and it gives us less information to.

52 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Be able to help you.

53 "Christen Fanelli, Ph.D. she/her" (1686598400)

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So Immediately before the testing, these are the things I tend to encourage families to do to kind of really prepare for that testing day with their child. Obvious things like making sure that they get a good night's sleep the night before and have a healthy breakfast the day of testing.

54 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Also, please give your child any medication they typically take unless you've been told to do otherwise. Sometimes especially if we're testing for things like ADHD, you maybe asked to not give your child that medication. Sometimes during these evaluations we don't take the medication in the morning to do some testing.

55 "Christen Fanelli, Ph.D. she/her" (1686598400)

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And then we'll ask you to give the medication during lunch to see if it's really helping, what that impact is on the child's functioning. So if you're not sure, always ask about that as well. The day of the testing will typically ask, did they take their medications that morning so that we know what to expect and what impact it might have on our testing results.

56 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Please make sure that your child also has any glasses, hearing aids or assistive communication devices that they might need. They might not want to wear them or use them, and that's a whole separate challenge that we have. But we want to make sure that we at least have them available to be able to use.

57 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:18:46.289 --> 00:19:05.819

If you can, please leave siblings at home. As I mentioned before, testing sessions can be anywhere from an hour to almost all day. And so we want to make sure that other siblings aren't causing a ruckness or getting themselves into trouble or hurt while they're sitting in the waiting room all day. So if you can leave them at home or send them to school, that is preferable.

58 "Christen Fanelli, Ph.D. she/her" (1686598400)

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Children are allowed to bring with them security blankets or any other objects small games or toys with them. If they become a problem, we may ask mom or dad or the parents are guardian to hold onto them in the waiting room to be used during breaks. Sometimes if it's a stuffed animal or something else small that they wanna just hold with them during the test.

59 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:19:25.819 --> 00:19:45.819

Testing that's fine too. I've had many of stuffed animal that's answered questions for me during testing and does the pointing and responding, so whatever it takes to help the child feel comfortable and perform during the testing is necessary, we understand. And also make sure to pack something for yourself to keep busy. Again, you're likely gonna be there all day in a separate room.

60 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:19:45.819 --> 00:20:11.069

I'm waiting for your child to come back out and hang out with you every hour or so, so bring snacks, your ipad or book, something to keep you busy as well. If the testing is going to be all day and there's going to be a lunch break, please bring some lunch with you or have an idea of where you might want to go for lunch. You can also bring snacks for your child as well, although most psychologists clinics and hospitals do have snacks that they're ready for kids when we're testing them.

61 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:20:11.069 --> 00:20:33.619

Yeah During the actual testing process, parents or caregivers don't need to be in the testing room unless we're working with really young children, usually under the age of three or four. After that, we're gonna try and ask you to step out. We understand that sometimes that might not be possible given a child's emo.

62 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:20:33.619 --> 00:21:07.429

Or behavioral presentation, but it does give us the best results if you're not there. Typically parents and caregivers aren't present during the school day, so it gives us an idea of what the student might be experiencing during school with the teachers while you're not there either. If you do have to stay in the testing room for whatever reason, please just make sure to follow the psychologist directions. We understand that you're typically trying to be helpful, but we are using standardized tests, which means there's certain ways we have to ask things in certain orders using certain language to see if we can get a child.

63 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:21:07.429 --> 00:21:24.479

To respond to us or provide a correct answer. And if you maybe provide additional information or reword it or prompt the child again that's breaking the standardization and actually changing the test and the results on us. So please just try your best to not interject unless necessary.

64 "Christen Fanelli, Ph.D. she/her" (1686598400)

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If you are able to leave the testing room, please reassure your child that you'll be close by, let them know you'll be in the waiting room and that they can ask to see you whenever they want. We try not to let the child go see the parent all the time whenever they ask for them because obviously we would never get anything accomplished. But we do usually work in break systems, check systems stars.

65 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:21:44.479 --> 00:22:09.659

Whatever it might be, sticker systems to earn breaks, to go out to see mom and dad to have a snack, to play with the ipad, whatever it might be. There'll also be obviously times to go to the bathroom as well as a lunch break if you're going to be there for the longer sessions. The actual testing for the child, again, is kind of.

66 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:22:09.659 --> 00:22:27.809

Dependent on the child. Some of them really enjoy it. Some of them really enjoy it because they get to miss school for the day and that's really their main motivation. But a lot of the tests are game like in nature and intended to be. So that helps the child tend to be motivated, want to do better, want to try.

67 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:22:27.809 --> 00:22:47.809

They also typically earn something while they're in session with us, whether it's breaks, rewards, stickers, small toys, time to spend with mom and dad. That can be helpful as well. It may also be beneficial for you to have something as a reward on the back end as a parent, like a trip to chicks.

68 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:22:47.809 --> 00:23:07.809

Delay afterwards or a favorite snack after dinner to help the child stay motivated during the testing. However unfortunately, some children do become anxious or frustrated. Most of our tests are designed to try and figure out where a child's breaking point is or where they don't know the information anymore, and so things tend to start very easily.

69 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:23:07.809 --> 00:23:35.749

Can get more complicated as we go on. Because of that, some children get very frustrated by the nature of the testing. However, whether or not the child really enjoys it or really is frustrated by the testing, almost every student and child will be very tired at the end of the testing session. So that's something really important to keep in mind. Try and keep things low key after the testing session. Even if you haven't been in the testing session all day.

70 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:23:35.749 --> 00:23:50.369

Day, you might want to consider whether or not your child has to go back to school afterwards because again they might be very tired and behaviorally it might not be the best motivation for them to return to school after a testing session.

71 "Christen Fanelli, Ph.D. she/her" (1686598400)

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And once the testing starts, the psychologist will spend time getting to know your child. Usually we do a small interview with older kids or a game or games where we used to kind of build rapport, Sorry rapport before we jump into the testing. But every evaluation is gonna be different and requires.

72 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:24:10.369 --> 00:24:27.689

Different tests and different procedures. Again, some of the tests are gonna feel like games the entire time for some of the older children that might not be the right motivation for them, and so we wouldn't use those type game like structures throughout.

73 "Christen Fanelli, Ph.D. she/her" (1686598400)

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What you see on this screen are all the different types of tests that might be used during a neuropsychological evaluation because again these are supposed to be really broad and looking at every aspect of a child's functioning at home, in school, in the community, behavior, emotional, learning, thinking, adaptive.

74 "Christen Fanelli, Ph.D. she/her" (1686598400)

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So we look at tons of different areas. Not every evaluation will use all of these different tests, but there's a couple that are almost always utilized such as cognitive abilities and executive functioning and behavioral functioning. But again, it kind of depends on what the reason for referral is. If it's an autism based evaluation.

75 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:25:07.689 --> 00:25:24.959

Patient will obviously look at the autism symptoms, but we'll also generally look at behavioral functioning, social skills, and adaptive skills. We might look at a lot of these other areas as well depending on where areas of challenges and concerns lie.

76 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:25:24.959 --> 00:25:41.759

So let's talk about what some of these tests are. Again cognitive tests are typically conducted during every neuropsychological evaluation, and it's usually the 1st test that we administer because it gives us a better understanding and a baseline for this child. So we get to know them a little bit better.

77 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:25:41.759 --> 00:25:56.999

And for children, the 1st couple sub tests of a cognitive test are usually more game liked to kind of get the child's motivation up. On

the screen here in front of you are a list of some of the commonly used cognitive tests on children.

78 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:25:56.999 --> 00:26:14.219

The 1st couple are what we call the Wexler battery, Wexler intelligence Scale for children or the Whisk and the Wexler Preschool and primary Scale of intelligence or the wipsy. Are the two gold standards. There's often the KBC two or the Coffman assessment battery for children or the Stanford Benet.

79 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:26:14.219 --> 00:26:34.219

We use these primarily again cognitive tests help us to understand how children think and learn to give us kind of a baseline of their functioning. During neuropsychological evaluations, we might also look at what's known as executive functioning, and this refers to your ability to manage your.

80 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:26:34.219 --> 00:27:08.059

Thoughts to achieve a goal. It includes things like the ability to pay attention, so having ADHD or an attention deficit hyperactivity disorder would be an executive dysfunction, a dysfunction of your executive system. Executive functioning also includes organizations and planning, initiation, follow through, working memory, inhibiting your impulses, anything that might interfere with your ability to accomplish a task. And so it measures your perceived ability to control these different aspects.

81 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:27:08.059 --> 00:27:24.449

Of your skills. Typically executive functioning is measured through completing scales, so for older children, we might ask them to complete a scale on their own executive functioning. We might also ask a teacher and a parent to complete skills as well.

82 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:27:24.449 --> 00:27:45.559

We can also test executive functioning using some of the ones listed on the left hand side like the Nepsy or the Dallas Caplain executive functioning, the DECAP system. And if we ask individuals to complete scales about executive functioning, this might be a counters for a brief or a 2nd, the behavior rating, inventory of executive function.

83 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:27:45.559 --> 00:28:18.499

Functioning or a comprehensive executive functioning inventory. When we test, we're actually asking the child to perform activities to see what their attention and impulse control is like. When we do skills,

we're asking you to rate your observations of the child's ability to maintain attention or ignore distractions. We may also use other rating skills throughout a neuropsychological testing process to measure things like social functioning, behavioral functioning, adaptive.

84 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:28:18.499 --> 00:28:38.499

Functioning and emotional functioning. And we might use some really specified rating scales to measure things like autism symptomology. So there are certain rating scales like the ASRS, the autism symptom rating scale, which asks about specific symptoms of autism and ask and then compares them to other.

85 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:28:38.499 --> 00:28:42.539

Individuals who also have autism.

86 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:28:42.539 --> 00:29:02.539

Some commonly used rating skills. On our screen we have the behavior assessment system for children. This is a social emotional and behavioral rating skill, also known as the bask three. The awkkin box system are also social emotional rating skills. They have different names depending on whether the child's completing it themselves. That's the child behavior checklist.

87 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:29:02.539 --> 00:29:23.569

Or sorry, the, that would be the youth self report, the parent completing it would be the children's behavior checklist and the teacher completing would be the teacher report form. The violent adaptive behavior scale is an adaptive behavior scale that we may ask you to complete that looks at adaptive behaviors, and these are the types of skills that an individual needs to live successfully such as.

88 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:29:23.569 --> 00:29:28.709

Basic hygiene and safety skills.

89 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:29:28.709 --> 00:29:45.809

When autism is a possible reason for a referral or that autism is already a diagnosis, we might look at autism functioning during this neuropsychological evaluation. And again, we can use different tests or scales to assess for autism functioning.

90 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:29:45.809 --> 00:30:05.809

The gold standard in terms of tests is known as the ADOS two, the

autism diagnostic Observation schedule. And this is a kind of semi structured play interview setting where the psychologist or evaluator and the child go through different activities and games so that the individual the.

91 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:30:05.809 --> 00:30:30.409

The psychologist can learn more about the child's social communication and social functioning. So the child is asked to perform activities and tasks. There's also the stat or the screening tool for autism and toddler and young children, which is a similar game like instructor for much younger children. After working with the child and doing other testing, the evaluator can complete some scales in order to measure.

92 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:30:30.409 --> 00:30:49.049

Autism functioning. These might be the ADIR, the autism Diagnostic interview, the Mygdus, which is the Montere interview guidelines for diagnosing the autism spectrum or our cars, a childhood autism rating scale. And this would be the evaluator filling out these skills based on their observation of the child.

93 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:30:49.049 --> 00:31:09.049

The evaluator may also ask that the parent caregivers, family friends or teachers complete skills as well to provide information about autism symptomology, and those might include things like the guards, the Gileum autism raining scale, the ASRS, the autism spectrum raining scales or the ASQ, the ages and stages questionnaire.

94 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:31:09.049 --> 00:31:33.949

And this would all be observational scales where you would discuss or kind of rate symptoms of autism that you have observed in that child. So take us through a full neuropsychological evaluation. Again, this might be one day or multiple days of testing as well as filling out scales. Then there's going to be another waiting period before you get.

95 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:31:33.949 --> 00:31:43.679

Some feedback and a report. The report might be lengthy in nature, so we'll walk through the different parts of the report and what you can learn from it.

96 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:31:43.679 --> 00:32:03.679

These are typically the things you would see in a neuropsychological evaluation report, starting with demographic information, name, date

of birth, who referred that individual. Next would be a paragraph about reason for referral and concerns that the.

97 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:32:03.679 --> 00:32:26.519

The person who referred that might be the parent, it might be a dr., it might be a school has. Then there's a section of background information. This is primarily taken from the intake interview that you did at the very beginning, family contacts, birth and developmental history, medical, educational, social history, all of that, as well as any information gained from teachers or other providers.

98 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:32:26.519 --> 00:32:46.519

Then there'll be a section of behavioral observations. This will be the evaluator's observations of your child during the actual testing, how they performed. Again, this is the how and the why they did things and not just what the results were. The list of tests that were performed as well as describe the test performance and the results.

99 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:32:46.519 --> 00:33:06.519

And then at the end we'll have summary conclusions and diagnostic impressions kind of pulling it all together as well as recommendations. Again, this can be a very lengthy report. My reports can be anywhere from 40 to 60 pages and they are dense. When I sit down to do feedbacks with families and we go over these reports, I usually tell them to jump to.

100 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:33:06.519 --> 00:33:22.889

Do whatever page the summary is on. That's because typically they know who the child is, the demographic information, it's their kid. They know the reason for a referral, they know why they went through this process. The parents typically provided all the background information.

101 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:33:22.889 --> 00:33:42.889

I'll discuss the behavioral observations as I go through the rest of the process, but the description of the test performance and the results, that's usually just the table of numbers that don't make a lot of sense to anyone but the psychologist. The meat and potatoes of the report is really kind of down in the summary, that explains what happened, what's going on, what are the.

102 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:33:42.889 --> 00:34:03.899

Strengths and weaknesses and what can we do to support the child. So

I'll ask people to just kind of jump down to that summary, and we'll kind of go through that together. I'll throw in things like behavioral observations and how the child performed along the way to provide evidence and examples, but a lot of time that's already in my summary section.

103 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:34:03.899 --> 00:34:25.399

The test results section would look something like this on the right hand side of this slide, you'll see what's known as a bell curve, and the numbers on there don't make a lot of sense to people who aren't trained in statistics or psychological evaluations. Sometimes the test results are just listed as a table of numbers. There's you.

104 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:34:25.399 --> 00:34:56.779

Usually some sort of narrative or written description of the child's performance, but either way, anything important is usually reiterated in the summary in order to kind of tie it all together. So let's talk more about that part of the evaluation, the summary conclusions and diagnostic impressions. This provides kind of a broad description of areas of personal strengths and weaknesses and demonstrate how those strengths and areas of growth may present in the child's day to day life. So.

105 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:34:56.779 --> 00:35:16.779

E.g., if the child had difficulty on, a test of vocabulary where I said a word and asked them to define what that word means to me, what that might mean in a day to day setting is they might not understand age appropriate language, and so in provided directions by a teacher, that child might not understand.

106 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:35:16.779 --> 00:35:33.119

And what's being asked of them and it may look like defiance in the school setting when really they didn't understand what was being asked. And so my summary would explain a little bit about how these challenges and areas of growth might come off across at home, at school in the community.

107 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:35:33.119 --> 00:35:53.119

From there we'll move into some diagnostic impressions, any diagnoses, both pre existing ones. Sometimes children already had a diagnosis of autism or ADHD, Sometimes there's new diagnoses to provide. We might also discuss why some diagnoses were ruled out. Sometimes we thought.

108 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:35:53.119 --> 00:36:19.909

Not that there was ADHD, but it turns out it's not. It's really just a manifestation of the autism or another mental health disorder. And so we'll discuss why other diagnoses may have been ruled out. We also want to include something that talks about area of risk to academics, socially in the community to living independently, whatever it might be, because these are the areas that we want to be able to.

109 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:36:19.909 --> 00:36:46.309

Start shoring up. How can we fill these gaps and provide support services and interventions to the child? In short, this part of our report should have outcomes that benefit everyone involved in the child's life in various ways. So we should be able to kind of dig into this section to figure out what's going on so that then we can get to recommendations, which is gonna be the useful part.

110 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:36:46.309 --> 00:37:09.919

This is what we need to do in order to support the child and give them what they need to be successful. Recommendations can be provided for a variety of different people in the child's life. For some older children, there might be recommendations specifically for them, but typically recommendations can be for family, medical, professionals, school and educational providers.

111 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:37:09.919 --> 00:37:37.339

There's other treatment providers like speech pathologists, community providers like mentors or caseworkers. Recommendations might provide referrals if maybe the neuropsychologist thinks an occupational therapy evaluation might be beneficial because of some sensory concerns. There might be a referral in there for an occupational therapist, and then also resources, we like to provide things such as TED talks, youtubes, books, articles, websites that you can.

112 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:37:37.339 --> 00:37:57.339

Ability to learn more information. Usually this recommendation section is broken up by who the recommendations are written for or who the most beneficial to. So e.g., recommendations for school and educational programming would be in a section listed for a school, Whereas things that the parents could be doing at home such as.

113 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:37:57.339 --> 00:38:25.459

Providing ABBA type therapy and setting up behavior charts would be under the family session of this report. Again, this report can be really lengthy and when it's coming from a private provider or a clinic or a hospital, the report typically gets handed to you as a hard copy or sent to you or you can download it through your

electronic health record, but it usually doesn't get sent to anyone else. If your family medical dr. requested.

114 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:38:25.459 --> 00:38:45.459

The evaluation and they're affiliated with the hospital or a clinic that does it, they might get a copy of it through that referral process. But usually nobody else except you will get a copy of this report. And although it's very lengthy, there's a lot of important information in there that would be beneficial for other people such as the school or other treatment providers.

115 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:38:45.459 --> 00:39:15.410

So once you have a copy of that report, you can choose to give it to whoever you want. The results, this report is not made public in any way. If it's done at a clinic or a hospital, it's typically put into an electronic health record, but usually these reports can't be seen by anyone who's not a mental health provider. So if it's just your child or Sorry, your child's general practitioner, their pediatrician, they might not have access to this report unless you provide a copy of them. You.

116 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:39:15.410 --> 00:39:32.310

You could always request signed consent forms back and forth for a copy to be sent to another provider or you could just print them out a copy or make a copy of it for them or if you have an electronic version, you can send it to other providers or the school as well.

117 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:39:32.310 --> 00:39:51.600

Some sample recommendations. Again, we mentioned some of these for the family, might have some suggestions for a structure in the home to promote expected behaviors and discourage unexpected behaviors. Again, things like behavior charts, what are we working towards in earning a token economy system, and this sort?

118 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:39:51.600 --> 00:40:11.600

Simple medical recommendations include possible medication management especially for things such as ADHD that might need some type of medication to promote attention and impulse control. Medical recommendations might also include things like referrals to other medical providers like Geneticis, neurologists, developmental pediatricians or possibly speech or occupational.

119 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:40:11.600 --> 00:40:33.470

Therapists, and recommendations for school might include

considerations for a five or four plan or individualized education program for special education testing or other accommodations or services that might be beneficial inside the school setting. For treatment providers, there might be considerations based on results of social emotional.

120 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:40:33.470 --> 00:41:15.293

Functioning for a psychotherapy. There may also be some considerations for speech, physical and occupational therapy depending on the type of testing that was completed as well as possibly behavioral or feeding therapy. Also provide recommendations to give to case managers, mentors, peer support or social groups in the community, and then again recommendations for resources, advocacy groups or organizations that the child and family can be involved in. Okay, thank you so much for joining my presentation today about understanding neuropsychological testing. I did see that there were a couple of questions that came in through the.

121 "Embriano, Alana" (2593618176)

00:41:15.293 --> 00:41:32.298

That? Yes, absolutely. I'll read some of those for you. So the 1st question is, once someone has had neuropsychological testing, do they need to get retested after a period of time? And if so, how do you know when to get another.

122 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:41:32.298 --> 00:41:52.050

That's a great question, and so this all kind of depends on what the reason for a referral was and kind of what wound up happening. There's NO need to ever be reevaluated, and I I will say most of our tests you really can't reuse them within a year because.

123 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:41:52.050 --> 00:42:12.050

They have what we call these retest results where once I know how to do a test I'm gonna perform better on it the next time. So we don't like to do any type of testing again within a year. In the schools, they do conduct psychoeducational testing every three years and so that tends to be a bit of a standard if someone wants to get an.

124 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:42:12.050 --> 00:42:32.050

Valuation every two to three years. Although again, this is a lengthy process, it can be really stressful on a child to go through this process. So I really like to consider what the benefits of a retest are. If the child hadn't been making progress for a significant period of time and then we did the neuropsychological testing, we might want to do a.

125 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:42:32.050 --> 00:42:52.050

Follow up in two years to make sure that the suggestions, the recommendations we put in were really beneficial in working or if we want to reconsider things. Although you can always request another evaluation anytime you want it. Again, I would be hesitant to do it before a year or two. We want to give things the time to make improvements and a chance to change.

126 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:42:52.050 --> 00:42:53.194

Okay.

127 "Embriano, Alana" (2593618176)

00:42:53.194 --> 00:43:03.718

Thank you very much. 2nd question is, what are your thoughts on testing via telehealth? Is that a viable option in remote area.

128 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:43:03.718 --> 00:43:35.110

Yeah, absolutely. And thankfully COVID actually really opened up the doors to telehealth testing for us. There are obviously some tests that really can't be done on a telehealth platform. Some of the publishers have just not made their tests accessible on telehealth, so that is something to consider. And then when it comes to autism testing, I feel like with autism diagnosis, there are some caveats and some challenges to that, where it just makes it more complicated as we've all seen with.

129 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:43:35.110 --> 00:43:55.020

This kind of move to virtual and telehealth and tell everything in COVID. We all have different behaviors and act differently when we're on camera and on Tella and when we're on a computer than we are in person. And so when we're looking at autism, which is really a diagnosis of social communication and social reciprocity and how do you socialize with.

130 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:43:55.020 --> 00:44:15.020

Others, if we're only doing it through a virtual conversation, I'm a little hesitant. I'd always prefer an in person observation, even for a half an hour when doing an autism diagnostic evaluation. However, I do understand in some remote areas that might be prohibitively expensive or the waitlist might just be.

131 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:44:15.020 --> 00:44:41.720

It's so long that it might be necessary to do it through virtual or telehealth. There are a few autism diagnosis diagnostic tests that are

available to be able to be done through telehealth, so those are evidence based, they've been proven to be valid and reliable, so they are upholding all the standards we would need. So we've definitely opened the door to it. I personally still prefer in person testing. I'm just that kind of psychologist, but there are many people who are doing them more and more through test.

132 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:44:41.720 --> 00:44:45.000

Little health and they're perfectly valid observations as well.

133 "Embriano, Alana" (2593618176)

00:44:45.000 --> 00:44:52.302

Thank you. Wonderful. 3rd question is, how young can children be to participate in test.

134 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:44:52.302 --> 00:45:26.980

Thing. Yeah, great question. So actually children can be as young as 18 months to participate in most neuropsychological testing. Any younger than that and we're just kind of splitting hairs at that point with developmentally what a child can and couldn't be able to do at 678 months old. So typically most clinics and providers don't go below 16 or 18 months, and it depends on what we're looking at it. If it's, you know, an autism diagnosis or.

135 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:45:26.980 --> 00:45:46.980

Any other, you know, developmental or genetic disorder, we could do it at 18 months. Something like ADHD would be too difficult to diagnose that early on. Although you do have to see symptoms of ADHD prior to five years old, we wouldn't want to be diagnosing an 18 month old with something like an executive dysfunction when they haven't had a chance to develop.

136 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:45:46.980 --> 00:45:50.598

Not part of their brains yet.

137 "Embriano, Alana" (2593618176)

00:45:50.598 --> 00:45:59.225

Thank you. Another question is, what, if I disagree with my child's diagnosis, what.

138 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:45:59.225 --> 00:46:32.620

Sure, and this happens, I would say start always by going back to the evaluator, the, the psychologist who provided that diagnosis and discussing your concerns. Most psychologists or clinics should be open to scheduling, you know, at least a phone call with you to discuss

your disagreement, what you think is going on, why you disagree in that sense, and they should be able to kind of state their case. Hopefully the report did a good enough job of kind of stating how they came to their conclusions, but if you still have questions, please always.

139 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:46:32.620 --> 00:46:52.620

Reach out and ask. If you still disagree and you're not getting the answers that you want from that evaluator, I would suggest talking with another provider who knows your child really well to kind of see what their take on it is. This could be the pediatrician. If your child is getting any other services like speech or physical therapy.

140 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:46:52.620 --> 00:47:12.620

You could talk to that provider or perhaps someone from the school system, the school psychologist or your child's teacher, a special education teacher or chairperson if your child gets special education services, just to kind of see what their take on it might be as well. If you're still really concerned or disa.

141 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:47:12.620 --> 00:47:32.620

I agree. You could request another evaluation. That would be discussion with your Cigna providers here to see when that might be able to be covered in terms of a follow up evaluation, but it is possible. Again, as I mentioned earlier many of our tests can't be repeated inside a one year window. And so if you do ever get another evaluation especially if it.

142 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:47:32.620 --> 00:47:50.944

It's Fairly quickly inside that one year. You want to be as honest and upfront with that new evaluator as possible. If they wind up redoing tests that were previously done inside that one year window, it could provide false results that then just don't provide the right supports or recommendations that you need for your child.

143 "Embriano, Alana" (2593618176)

00:47:50.944 --> 00:48:19.833

Thank you very much important point. And we have one final question. The question is, should any child diagnosed with autism go through this type of testing? And I guess I I I I'm not sure if they're asking, you know, if there if there are certain things that would, you know, kind of recruit a child for being able to participate in testing, I guess. Is there anything that would indicate, you know, it wouldn't be a good idea to move.

144 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:48:19.833 --> 00:48:40.590

Forward. Sure, so I think it would be very challenging for certain individuals with autism to go through this type of testing, but that doesn't mean that there aren't some tests that they might still be able to perform on and not be as frustrated.

145 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:48:40.590 --> 00:49:00.590

And what I mean by that is many of the tests that are involved in a neuropsychological evaluation require some sort of verbal functioning. Autism diagnostic testings don't always require verbal functioning, there are nonverbal testing for that, but for many of our neuropsych tests, there's a verbal component you need.

146 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:49:00.590 --> 00:49:27.860

To understand some pretty complex language in order to follow the directions and almost all the responses need to be verbal. Some of them can be pointing or multiple choice, but there's a verbal component to many of them. And so if the child is non speaking, that might have a problem in terms of participating in all of the tests. And so I think it would, you know, again, kind of depend on what the referral reason is, what you're looking for.

147 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:49:27.860 --> 00:49:47.860

More from the testing and a discussion with the referring provider or practitioner or dr. in terms of the necessity for for putting a child through this type of testing. Again neurosyte testing can give you a lot of information. There's a lot of things we can learn about the child's functioning in different areas, in different settings, in different.

148 "Christen Fanelli, Ph.D. she/her" (1686598400)

00:49:47.860 --> 00:50:14.444

Different environments, strengths and weaknesses so that we can provide support. But if it's just going to frustrate the child, they're not going to be able to perform or I'm as the evaluator not going to be able to learn a lot about them because they're gonna be so frustrated. They're not gonna participate. I don't know how useful that's going to be for everyone, so I think an honest discussion is always a good idea with someone who's referring for this type of testing if you have any concerns about it.

149 "Embriano, Alana" (2593618176)

00:50:14.444 --> 00:50:19.650

Great, thank you. I think that's all our questions.

150 "Embriano, Alana" (2593618176)

00:50:19.650 --> 00:50:39.650

Thank you so much, everybody for attending and thank you especially to dr. Finellie for providing all this wonderful information. Again, if you have questions about the services discussed today or questions we were unable to answer due to the time, please contact the autism team by calling the number on your insurance card and.

151 "Embriano, Alana" (2593618176)

00:50:39.650 --> 00:50:48.690

Some presenters are comfortable putting their email or other contact information in the chat for follow up questions after, so that is at each presenter's discretion.

152 "Embriano, Alana" (2593618176)

00:50:48.690 --> 00:51:08.690

Please be sure to mark your calendars to join us next month, not next month, I'm sorry. I'm taking a little break, so we'll be back, in January so in 2025, we'll be our next presentation Thursday, 9 January 2025, where we'll be discussing autism and managing severe behaviors. Thank you.

153 "Embriano, Alana" (2593618176)

00:51:08.690 --> 00:51:10.800

Thank you very much and have a great day.