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June 18, 2019

To Liam's Medical Providers,

Liam Pierce (DOB: 9/25/2009) completed an evaluation at Psychology Consultation Specialists, PLLC with Megan Ocken-Helmen, Psy.D., L.P. on the following dates: 4/9/2019 (Intake), 5/2/2019 & 5/7/2019 (Testing), 5/23/2019 (Feedback). Liam's neuropsychological evaluation report was previously distributed to Liam's parents and medical providers at Partners In Pediatrics. The reader is referred to the original evaluation report for a review of developmental/medical history, behavioral observations, evaluation summary, and recommendations.

Parents returned for an additional appointment today, as Liam's mother was not able to attend the initial testing or feedback appointments. She asked thoughtful questions about his diagnoses. Parents emphasized, however, that their primary concern was the continued escalation of Liam's emotional and behavioral reactivity, which now includes more frequent aggressive and unsafe behaviors. Given the severity of his symptoms, I re-emphasized the recommendation for behavioral interventions from Behave Your Best and focused more on discussion of medication as part of the treatment plan.

I described to parents two potential 'paths' to take regarding medication which could be further discussed with medical providers. First, it is reasonable to consider AD/HD medication which would potentially help to improve his impulse control. I explained that stimulant medications are 'easier to try out' and discontinue if ineffective or problematic in any way. Second, I introduced the possibility of a medication aimed at calming his central nervous system (e.g., an SSRI), which after further discussion, both his parents and I suspected would be a more effective option. I explained that medication for anxiety or mood stabilization is not 'as easy to try out' and typically must build up in a child's system over time. I encouraged parents to have a discussion with you about medication as part of Liam's treatment plan, as reducing the severity of his symptoms and making them more manageable will help to improve the efficacy of behavioral and other therapeutic interventions.

If you have any questions or concerns regarding this documentation or the associated evaluation report, please call Dr. Ocken-Helmen at (763) 559-7050.

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CONFIDENTIAL SUMMARY OF NEUROPSYCHOLOGICAL EVALUATION

Name: Liam Pierce

Date of Birth: 9/25/2009

Chronological Age: 9 years, 7 months

Educational Placement: 3rd grade, DaVinci Academy

Dates of Evaluation: 4/9/2019 (Intake), 5/2/2019 & 5/7/2019 (Testing), 5/23/2019 (Feedback)

Reason for Evaluation:

Liam is a bright, creative Caucasian male whose parents pursued an evaluation at Psychology Consultation Specialists, PLLC to assess his current neurobehavioral functioning and assist with treatment and educational planning. Specific concerns related to emotional and behavioral reactivity, escalating at times to aggression and destructive behavior. He also presents with strong sensory sensitivities. Parents question if he has a developmental disorder that helps to explain his behaviors (e.g., attention-deficit/hyperactivity disorder, autism spectrum disorder). Liam is not prescribed medications at this time.

Relevant History:

Background information was gathered via parent interview, developmental history questionnaire, and review of available records. For additional information, the interested reader is referred to Liam's medical records.

Family History:

Liam lives in Oak Grove, Minnesota with his parents, Rachel and Adam, and sister (age 3). Mother is employed as a bank examiner and frequently travels for work. Her work involves travel for weeks at a time punctuated by days or weeks at home. Father is retired from the army and does not work outside the home. Recent family stressors included a move to a new home and sibling conflict. Father noted that mother has Lupus (diagnosed during her pregnancy with Liam), which has contributed to her decision to work at a high intensity while she is able. Liam's emotional outbursts have placed a strain on the family system, especially since they often occur during transitions, such as his mother returning home. Father reported that the children are excited for their mother to come home and also notices that Liam's behavior begins to "ramp up" before she returns. Father noted that mother has a strong bond with her children and has been highly distressed at their behaviors when she returns home. In their efforts to manage behavior, parents have developed different ways of responding, per father's descriptions. Father reported that, Monday through Friday, the family has a strict routine. Liam attends Ninja Warrior on

Mondays and also has activities after school Tuesday-Thursday. Family history was noncontributory.

Developmental and Medical History:

Liam's early medical and developmental history was within normal limits. Mother took Synthroid during pregnancy. He was born weighing 5 pounds, 8 ounces at 38 weeks gestation. His mother was consistently present for the first 3-4 months of Liam's life. She then returned to work, which father described as extremely emotional for her. Father reported that Liam's mother needed to travel frequently for the majority of the remainder of his first year. He cried "constantly" for the first year of his life despite trying special formulas. Father reported, "One day he just stopped."

Father recalled that, as a toddler, he liked to line up his cars. He would toddle to the shoes and line them up in order. Liam was reading prior to age 4.5. He has always had an extraordinary memory. Liam attends speech therapy at Kidspeak for articulation and tongue thrust (beginning January 2019). He began attending therapy with Amber Buren at Rum River Counseling in March 2019. After a few sessions, parents discontinued therapy and pursued this evaluation.

Liam sleeps well and appears well-rested during the day. Liam has a very limited diet due to picky eating and sensory sensitivities. No changes in sleep or appetite were reported. No history of abuse, trauma, or neglect was reported. Liam has always struggled with "stomach issues" and constipation. Father wakes him to use the bathroom at night to avoid wetting accidents.

School History:

Liam is a 2nd grade student at DaVinci Academy, an Arts & Sciences charter school. He has attended several schools due to family moves. He finished 1st grade at Cedar Creek and father reported it was not the right fit because he was very bright and not adequately challenged. Father homeschooled him for a while, which went well. When father homeschooled Liam, he stopped checking his work because Liam's answers were always right, including multiplication facts. Father gave him books to read, and he did really well with learning by reading independently. He started the fall at the other school in his district and was then accepted to DaVinci. He pushes himself hard and wants to be the first one done. He does not receive any formalized services or accommodations. The school provides many informal accommodations that seem to be helpful for him, such as movement opportunities throughout the day. He has one week off every month and attends school year-round.

Liam's teacher provided information about Liam's functioning in the classroom. She identified Liam's many areas of strengths including his strong academic skills and consistency in completing work on time. He is kind, hardworking, and eager to please. He wants to follow directions and listens to redirection. Primary concerns related to difficulty sitting still or remaining in his seat. Liam can get distracted by other students as well. He often fidgets and his movement can be a distraction to himself and others. His organizational skills are somewhat below average. No emotional or behavioral concerns were endorsed. He was noted to have typical relationships with peers. His written expression was rated as average and his reading and mathematics were rated somewhat above average.

Previous Evaluations: Liam has not been previously evaluated.

Current Functioning:

Father reported primary concerns related to Liam's angry outbursts and related behaviors. Father expressed that he has become more educated regarding Liam's behavior and learning that it does not appear to be typical. Liam's functioning varies month to month. Times of transition tend to be especially problematic. He tends to behave best when one-on-one with his father versus when his mother is present, though not because she is doing anything problematic. When his mother comes home, he gets very hyper and begins picking on his sister. When parents tell him to stop, it is like "he's not there." He continues to escalate until he is getting into trouble, engaging in destructive behavior, and going to bed early. He escalates to ripping a stair rail off, trying to break his headboard, and throwing toys. This pattern occurs 2-3 nights per week. Times of transition tend to be especially problematic. He rarely is aggressive towards his father. Liam has recently become aggressive towards his mother, even in public settings. On weekends, he struggles all day, including frequent anger, argumentative and defiant behaviors, and destructive or aggressive behaviors. When he thinks his father is not looking, he does behaviors that provoke his sister, such as pushing over her toys or running around her in circles. These behaviors escalate the situation and his behavior. His behaviors cause "constant tension" and seem to impact how his sister is developing.

Father stated that Liam seems to have anxiety, though he does not worry. In the morning, he repeatedly says that he does not want to go to school. He frequently cracks his knuckles and picks his skin. He would pick his skin to the point of bleeding. Father noticed that he tended to pick when he was put in his room to calm down. When he starts to argue, he will begin picking his thumb. When given a consequence for skin picking, he started cracking his knuckles. Most of the day, Liam presents as happy. Liam has times when he is laughing really hard or is extremely active.

Father reported that it is difficult to tell how Liam is doing socially. Teachers have consistently reported that he does well with making friends, but father questioned if that was accurate. He previously had a friend whom he knew because their parents were friends. He refers to friends now, but father is not sure if they are true friendships. For example, father has seen him isolated during recess and he reports to his father that he played with several children. When cousins or friends are over, he typically plays well with him. He is flexible and imaginative in his play with peers. With his father, he is more controlling of play. If father does not comply, he becomes more hyperactive.

Liam appears to be triggered by sensory input. He has been a picky eater since a young age. He has never tried pizza and generally "hates food." He is highly sensitive to the smells of food. Since infancy, father has noticed that he cannot tolerate being touched. When swimming, he was terrified of being underwater and has always had a strong response to his ears being wet. Liam prefers to wear his hair long and expresses that he likes to feel his hair touch his eyebrows. Father did not report any repetitive speech or motor movements. He does not show any interests that are unusual or excessive in intensity.

Liam's father did not endorse any inattentive, hyperactive, or impulsive symptoms of AD/HD. In contrast, Liam's mother endorsed 5 out of 9 inattentive symptoms of AD/HD including not following through when given directions and not listening when spoken to directly. Liam avoids tasks that require ongoing mental effort, and loses things needed for tasks or activities. He is easily distracted. Liam's mother endorsed 5 out of 9 hyperactive and impulsive symptoms of AD/HD. Liam fidgets, leaves his seat at inappropriate times, and talks excessively. He has difficulty waiting his turn and interrupts or bothers others when they are talking or playing games.

Child Interview:

Liam identified many areas of interest. He stated that he enjoys playing piano, videogames, and Legos. He reported that he enjoys going to Ninja Zone and swimming lessons. He reported doing well in school. Liam was proud to share that he is good at getting his work done. At home, he reported that he sometimes gets upset. He expressed feeling angry when his sister lies that he gets in trouble. Liam stated that he feels safe at home. When asked about school, he said that he did not feel safe because there was another child who frequently punched and kicked him throughout last year at the beginning of this year. He reported feeling safe at other places in the community and around the adults in his life.

Behavioral Observations:

Liam presented as a casually dressed boy who appeared his chronological age. He greeted the examiner appropriately and engaged in conversation about a waterpark he had visited (he was wearing a shirt with the name of the park). Liam transitioned to testing without issue. Liam was engaging and conversed with ease. He used eye contact and many descriptive gestures when interacting. He offered information about himself and his experiences frequently. He asked the examiner if she had played a video game he liked and whether or not she had children. Liam's mood was positive, and he displayed a typical range of affect, appropriate to context. Speech was notable for articulation errors (/r/ = /w/), though it did not usually interfere with intelligibility. No motor difficulties were observed. He used his right hand for writing tasks. Gait was observed to be normal.

During Digit Span Forward, Liam met discontinuation criteria after 'self-correcting' but getting the item wrong (4 digits forward). The examiner tested the limits and he responded correctly to both items that had 5 digits and then incorrectly to items with 6 digits. His Digit Span score slightly underestimates his capabilities based on these observations; however, might be indicative of inconsistent auditory attention. As the first testing session progressed, he fidgeted with his hair. He often commented on how difficult tasks were (as they became more challenging) or asked how other children had performed on the task. Liam directed his attention towards tasks and worked diligently in this minimally distracting setting. Liam appeared to put forth adequate effort and results are considered a valid estimate of his neuropsychological functioning.

Of note, there are limitations to any scientific test when making psychological conclusions. Therefore, the following conclusions are based on available records, parent report, test results, and clinical observation and interpretation. The findings and recommendations are based on information available to the evaluator as of the date of the report. The conclusions are

based on a reasonable degree of neuropsychological certainty, as absolute predictions about psychological functioning and behaviors are impossible to make. The purpose of the evaluation and limits of confidentiality were discussed and agreed upon prior to the testing portion of the assessment.

Neuropsychological Evaluation Methods and Instruments:

Clinical Interview

Review of Records

Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V)

Child and Adolescent Memory Profile (ChAMP)- Screening subtests

Beery-Buktenica Developmental Test of Visual-Motor Integration-6th Edition (VMI)

Grooved Pegboard

Integrated Visual and Auditory Continuous Performance Test (IVA+Plus)

Delis-Kaplan Executive Function Scale (DKEFS)- Color-Word Interference, Trail Making

Vanderbilt ADHD Rating Scale

Behavior Rating Inventory of Executive Function, Second Edition (BRIEF-2)-Parent form

Behavior Assessment System for Children, Third Edition (BASC-3)-Parent Rating Scale

Behavior Assessment System for Children, Third Edition (BASC-3)-Teacher Rating Scale

Behavior Assessment System for Children, Third Edition (BASC-3)-Self-report Rating Scale

Autism Diagnostic Observation Schedule, Second Edition: Module 3 (ADOS-2)

Autism Spectrum Rating Scale (ASRS)- Parent Rating

Autism Spectrum Rating Scale (ASRS)- Teacher Rating

A full summary of test scores is provided in tables at the end of this report.

Autism Diagnostic Observation Schedule, Second Edition (ADOS-2), Module 3

Liam was administered the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2), Module 3. The ADOS-2 is a standardized, semi-structured assessment instrument designed to assess communication, reciprocal social interactions, interests, and behaviors of individuals who may have an autism spectrum disorder. Module 3 of the ADOS-2 is intended for children and adolescents with fluent speech. It includes a number of activities, such as playing with action figures, describing a picture, telling a story from a book, and answering questions about emotions and relationships.

Liam completed all tasks presented to him during the ADOS-2. Liam was highly engaging and used a variety of complex speech (e.g., "It makes me want to 'let it all out,'" "If I tried to stop him first, he would say he did not do it."). Liam used eye contact consistently and integrated eye contact with other nonverbal communication, including a variety of facial expressions, descriptive gestures, and emphatic gestures. He frequently initiated interactions by making comments or sharing about himself. Liam especially liked to share about his sister and previous family trips. He was able to share experiences in a logical, sequential manner. He engaged in back-and-forth conversation with ease, often adding new information or asking the examiner about her experiences. When presented with a variety of toys and props, he became focused on creating a catapult. When the examiner acted out some imaginary play, he was able to join her and add new ideas, but then returned to creating catapults. He was creative when telling stories from books and pictures or developing a story using a variety of props. He had characters

interact with each other and used items in a creative way. Liam interrupted on a few occasions or spoke over the examiner. During a break from activities, he continued to talk to the examiner, despite her providing prompts that she needed to work on her notes and that he could go ahead and look at the toys on his own.

Liam named several friends and shared that they like to play with each other at the park or outside. He stated that being a friend means, "I like playing and it's fun to be with them." He stated that he knows someone is his friend if they like to play with him and have fun with him. He reported that when he grows up, he would like to live on a lake with the person he marries and have children. He talked about how he likes to take care of babies. He reported that being married could be nice because you would not be lonely, and you have somebody who loves you. He reported that it could be difficult if you have a disagreement. He had some difficulty with insight into other relationships and his own behaviors. For example, he stated that he does not know what he does that might bother or annoy others. He reported that he "just likes to be friends" with others and does not annoy people. He reported that he is sometimes lonely because he is the first one to sit down at lunch. He noted that others feel lonely and probably try to find someone to spend time with them in order to feel better.

Liam responded to questions about his emotions. He had some difficulty showing insight into how he experiences his emotions. Many of his responses were concrete in nature. For example, he described feeling happy about going on family trips and going to Dave and Busters. When asked to describe how he feels when he's happy, he stated that he jumps up and down and screams. Similarly, when afraid, he stated that he jumps back and screams. He reported feeling sad when he gets hurt and described feeling sad by saying it is "super painful" and "all my tears go out."

Liam did not demonstrate any repetitive motor movements or sensory seeking behaviors. He did not engage in any hand or finger mannerisms. His speech was varied and not stereotyped or idiosyncratic in nature. He did not focus on any particular topic excessively.

Liam's overall presentation and behaviors during the ADOS-2 resulted in a score in the 'non spectrum' range. These results should be interpreted in the context of developmental history, other measures, and his current functioning.

Results & Impressions:

Liam is a bright, creative Caucasian male whose parents pursued an evaluation at Psychology Consultation Specialists, PLLC to assess his current neurobehavioral functioning and assist with treatment and educational planning. Specific concerns related to emotional and behavioral reactivity, escalating at times to aggression and destructive behavior. He also presents with strong sensory sensitivities. Parents question if he has a developmental disorder that helps to explain his behaviors (e.g., attention-deficit/hyperactivity disorder, autism spectrum disorder). Liam is not prescribed medications at this time.

Liam is a child with many positive personal characteristics and areas of strength. He is highly creative and likes to figure out how things work. Liam is friendly. He shows a good sense of humor and is highly engaging. Results of Liam's evaluation highlighted additional areas of

strength. Liam's overall cognitive abilities were at the higher end of the typical range. He had variable performance across domains. He exhibited notable strengths in average visual-spatial processing, such as visualizing how pieces fit together. His reasoning and problem-solving was also above average. Liam is likely benefitting from new learning to old learning, see patterns in the world around him, and think in a manner at a higher level than his peers. His verbal abilities were within the typical range. His processing speed was in the high average range. Liam's ability to learn new information was within the typical range. His fine motor speed and dexterity were within age expectations with both his right (dominant) and left hands.

In contrast to Liam's many skills and abilities that are at or above age expectations, he exhibited multiple areas of weakness. These areas of difficulty help to explain some of his challenges at home and in school. First, Liam exhibited highly inconsistent auditory attention (impaired performance), as he tended to "tune in and out." He also randomly "tuned out" at a higher rate than is typical for his age. His inconsistent auditory attention resulted in below average performance on a measure of auditory working memory (the ability to briefly hold information in mind while completing another task). Parent and teacher ratings indicated elevated concerns about attention problems. Second, Liam fatigued in his visual attention over time. Although his visual attention was highly consistent over time, his response speed lagged significantly as the task progressed. He was observed to be inattentive to visual details when copying shapes and figures with paper and pencil (visual-motor integration), resulting in an overall performance at the low end of the typical range despite having above average visual-spatial processing abilities. Third, Liam was observed to struggle with impulse control. During conversation or instructions, he tended to interrupt. His performance on a measure of verbal impulse control indicated that he sacrificed accuracy for speed. In other words, he worked at a typical pace but made a higher level of errors that is typical for his age (below average accuracy). These findings aligned with parent ratings that identified difficulties inhibiting impulsive behaviors in his daily life. Parent and teacher ratings indicated hyperactivity beyond the typical range causing notable problems at home and in school.

Many of Liam's symptoms and test results overlap with attention deficit/hyperactivity disorder (AD/HD). He exhibits deficits in aspects of his attention, impulse control, and self-regulation that are contributing to impairments in functioning and increased distress, though his symptoms are below the threshold for a diagnosis of AD/HD combined presentation. He is assigned a diagnosis of **other specified attention deficit/hyperactivity disorder (AD/HD)**: symptoms below diagnostic threshold causing significant impairment and distress. Liam is very bright and is likely able to compensate for many of his AD/HD symptoms in the school setting and performs well despite his challenges. Of additional note, Liam's AD/HD symptoms are exacerbated by his level of emotional distress. He has the highest level of problematic behaviors when his mother is around, per father report and based on mother's symptom ratings. In contrast, his father did not endorse any AD/HD symptoms and teacher ratings were in the middle. Liam endorsed a highly negative attitude toward school, though during interview, had many positive things to say about his school environment. It may be that he works particularly hard to control impulsive behaviors in the school setting, which is challenging for him.

Liam is experiencing a heightened level of emotional distress based on parent scales. Liam experiences his emotions with a higher level of intensity and in his environment (e.g., noticing every detail, sensory sensitive, picking up on social cues of his peers). This characteristic has been apparent since he was an infant. Liam has a lower threshold for tolerating stress, which is most apparent during transitions. His emotional intensity; when his distress is triggered, it is triggered at a higher level and for longer periods. Liam has trouble regulating himself both when distressed and excited/happy (e.g., can seem ‘manic’). Liam is persistent, often wanting to see to it that tasks are completed ‘just so’ and wanting to ‘get it right.’ These qualities can be wonderful strengths, but in the context of anxiety/stress, his distress is triggered more easily, at a higher level, is difficult to regulate, and continues for longer periods. When his autonomic nervous system is activated by stress, he escalates to “fight” (aggressive or destructive behaviors) or “flight” (panic, appears out of control and ‘not there’) and displays cognitive changes (e.g., ruminating thoughts) and physiological changes (e.g., increased heart rate, increased sensory sensitivity, problems sleeping). As a result, he is displaying significant behavioral problems at home. When calm, he is generally compliant. Liam is assigned a diagnosis of **adjustment disorder with mixed disturbance of emotions and conduct** to describe his heightened emotional distress and emotional/behavioral dysregulation related to stressors in his life (described further below).

Liam’s sensitive nature makes him more prone to distress with changes in his environment and times of transition. When considering his relationship with his mother with this in mind, it is understandable that he was and continues to be more prone to emotional reactivity when she leaves or arrives. Infants develop attachment over the first year of life, learning to trust a predictable, loving caregiver. Liam’s mother had to transition to work during his infancy, in a job that required a high level of travel, which disrupted their attachment relationship. While his sister acclimated well, Liam was more prone to distress at the changes and transitions involved and has responded with more intense emotions. Liam loves his mother and wants closeness, but might also feel conflicted about being close, as it then is more distressing when she leaves. When she is present, he seems to feel ‘out of control’, which is evident in his behavior. His behavior might serve to keep her at a distance, which feels more comfortable on some level, or to exert control over the situation. His behavior also reflects his internal conflict and distress. Differences in parenting approaches, even if both are well-intentioned, can contribute to increases in problematic behaviors, as it creates an environment that is less predictable and consistent. Anxiety tends to increase when a situation is unpredictable, uncontrollable, and/or inconsistent. Liam is clearly struggling with managing the transition of his mother in and out of his daily life, despite both individuals having a desire for closeness and loving feelings for each other. Addressing Liam’s relationship with his mother and developing united parenting approaches will be an important aspect of reducing problematic behaviors and improving Liam’s overall functioning.

Liam currently enjoys many age appropriate friendships. He has some features that are similar to many children with autism, such as sensory sensitivities and difficulties regulating his emotional responses. He was observed to have some difficulty reflecting on his experiences of his own emotions, which might contribute to his lack of emotional awareness and dysregulation. In the absence of impaired social communication and social functioning, these characteristics are not

sufficient to warrant a diagnosis of autism. Taken together, Liam's development and current functioning are not consistent with an autism spectrum disorder.

In summary, Liam is an engaging, intelligent child with many areas of strength. His attention and executive functioning contribute to dysregulated behaviors which are typical for his age. Liam's parent relationships and level of anxiety play a significant role in his overall functioning. Liam presents as a highly sensitive child who is more prone to escalating emotionally and acting impulsively. With the appropriate interventions and supports to teach him skills and intervene at the family system level, he is likely to demonstrate improvements in his functioning. Recommendations are outlined below.

DSM-5/ICD-10 Diagnoses

314.01/F90.8 Other specified attention-deficit/hyperactivity disorder (AD/HD)

309.4/F43.25 Adjustment disorder, with mixed disturbance of emotions and conduct

V61.20 Parent-child relationship as a focus of treatment

Recommendations:

Clinical Follow-up

1. Therapy with a family system focus is recommended. Addressing the attachment relationship between Liam and his mother is likely to reduce his level of arousal when she is present. It is important that anyone working with Liam understands his strengths and weaknesses and should be provided with a copy of this report. Therapy can help Liam to learn about his own strengths and weaknesses, how to recognize his emotions, and how to cope with stress/anxiety. A parenting component to therapy is important so that parents can learn how to respond when Liam is anxious and support him in developing coping skills at home. In combination with in-home behavioral intervention (see #2), therapy can help parents to develop unified strategies, heal their own emotional distress, and function more comfortably as a family. Referral options are listed below.
 - a. Bruce Barton, LMFT, LP of Midwest Family Counseling, PA in St. Francis, MN 763 753 9459
 - b. Family Innovations in Anoka, MN 763 421 5535 see familyinnovations.com
2. As an alternative to family therapy, or in addition to family therapy, A referral to Behave Your Best is recommended to address concerning behaviors that occur at home. The therapists use applied behavioral analysis (ABA), a research-supported intervention, to tailor a plan to each child's needs and goals. The therapist can help to target problematic behaviors at home and in school as well. See behaveyourbest.com
3. Stimulant medication is a common treatment for AD/HD symptoms. It is recommended that Liam's parents discuss this treatment option with Liam's pediatrician. Teacher feedback can be very helpful in determining the best treatment for Liam. Teachers who are "blind" to whether he was given his medication that morning (if medications are prescribed) can report information about his behavior via questionnaires (e.g. Vanderbilt Scale).

scales), which will help inform his treatment. Medications should always be used in combination with environmental and behavioral strategies to treat AD/HD.

4. Follow-up with an occupational therapist can be considered if parents want to target improvement of self-regulation skills. I recommend inquiring at Kidspeak, where Liam already receives speech/language therapy.
5. I remain available to provide a re-evaluation for Liam as he progresses in school. If the nature of his challenges changes, he experiences limited progress, or has declines in his mood or functioning, he should be re-evaluated so that recommendations can be adjusted as needed.

Educational Programming

1. Based on this evaluation, which included a comprehensive interview, neuropsychometric testing, parent report, and teacher report, Liam meets criteria for diagnoses of other specified AD/HD and unspecified anxiety disorder. These diagnoses substantially limit aspects of Liam's brain functioning and major life activities including learning and concentrating. Therefore, in order to provide Liam with access to an equally effective learning environment compared to typically developing peers, it is strongly recommended that Liam receive accommodations through a 504 plan. As part of the Section 504 process, the school may need to collect additional information to qualify him for these services. For additional information on 504 Plans, see the Minnesota Department of Education website, education.state.mn.us (search "Section 504").
2. Results of this evaluation indicate that Liam needs the following accommodations to support his learning. Please be aware that schools will ultimately determine which recommendations are reasonable in the school setting. I recommend parents and educators review this list of options and select those most relevant and reasonable for Liam at this time.
 - a. Seat Liam close to teachers and away from distractions. Provide quiet, less distracting study areas, such as a "cubby," for independent assignments.
 - b. Remember that attention deficits interfere with Liam's language processing and the ability to efficiently follow multiple-step commands or presentations. Keep oral directions brief or accompany them with a visual reminder, such as a checklist.
 - c. Many children with AD/HD, like Liam, struggle to balance speed and accuracy. Provide him with extra time to complete tests and in-class assignments. Remind him to double check his work and allow him time to do so.
 - d. A pre-arranged signal, such as a tap on the shoulder or corner of the desk can be used to alert Liam when observed to be off-task or distracting others. This will

serve as a reminder to stop but will not result in being “singled out” in front of the class.

- e. Understand that misbehavior is often impulsive rather than defiant. Provide calm, clear redirection about the expected behavior. If Liam continues to be non-compliant, then apply consequences.
- f. Liam will likely require scheduled breaks in which he is allowed to move around to expend energy. Recess should not be removed as a consequence, as doing so is more likely to have a negative impact on his attention and behavior.
- g. Consider providing Liam with a prosocial, classroom ‘helper’ job, which can provide the opportunity to move around and help his peers while also encouraging positive feelings about school.
- h. To decrease careless errors, teach the student to “slow down” when working (i.e., circle the math “sign” or say it aloud). Reward thoughtful, “think aloud” approaches rather than speed of responding.
- i. Consider developing a reward system in which Liam can earn tokens, stickers, or other markers of success that can be ‘cashed in’ for a reward. Break up the day into parts and clearly outline the expected behavior (e.g., raising your hand and being called on before speaking) to work on during each day or part of the day.
- j. Liam will benefit from daily check-ins (with a school staff member) to be certain that he has the necessary materials to complete his assignments in his backpack before leaving for the day.
- k. If therapy services are initiated, communication between parents, teachers, and Liam’s therapist is encouraged. Therapy will help Liam to learn alternative, appropriate means of coping with anxiety. Teachers can help remind Liam to engage coping skills learned in therapy.
- l. Testing conditions: Liam might become increasingly anxious and distracted when he sees other students working on their tests or turning them in. Testing in an alternate, quiet location is recommended for Liam. Consider the use of word banks, equation sheets, to cue Liam, whose anxiety may make him "blank out" on rote material.
- m. Safe person: Having one person at school who understands Liam’s challenges can make the difference between Liam attending school and wanting to stay home. A guidance counselor, principal, nurse, or teacher can be identified as a point person for Liam to check in with briefly (5-10 minutes) to help dispel anxious thoughts, take deep breaths and return to class.

Behavioral Interventions

A therapist or ABA interventionist can help to tailor these recommendations to the family's needs

1. Choose only one or two behaviors to focus on at a time and be sure that the goals are initially very much attainable so that Liam can experience some success with the behavior plan. As he is successful in meeting goals, the bar can be gradually raised.
2. Rewards can be small but should be available very quickly following the desired behavior. If it is not feasible to give the reward immediately (e.g., in front of other students in the classroom), use a token (such as a point, star, or small coin) that can later be "cashed in" for the reward. Rotate rewards frequently. Possibilities could include use of a spinner from a board game and associating a different reward with each section on the wheel.
3. Liam is more likely to respond to effective commands (clear, specific, one-step commands provided with eye contact and voice slightly raised) and provision of a reward for an appropriate response. If Liam becomes increasingly dysregulated, allow him time to calm down. Attempting to engage him when he is already upset is unlikely to be successful. These behavioral procedures will work best if the adult using them has a good relationship with Liam.
4. Parents and teachers should attempt to keep their emotional response to inappropriate behavior fairly neutral. For example, if Liam does not do well one day, simply note calmly that he will not receive his reward that day (or that part of the day), but that he has another chance tomorrow (or later).

Additional Recommendations for Home and School

1. Mindfulness-based yoga has been shown to help improve symptoms in children with anxiety. See yogacalm.org for more information and to find a class nearby taught by a certified instructor.
2. Increasing Liam's sense of control and predictability will help reduce anxiety and dysregulated behaviors across a number of situations. For example, giving him a choice about what will happen and making a list of events or schedule will increase his sense of control and predictability over a situation about which he feels anxious or is likely to become overstimulated. Visual schedules are often helpful and use his strength of visual processing and problem solving. Include Liam in creating visual plans and schedules. See appyumyum.com for apps that produce visual schedules or do a search for "visual schedules for kids" in the app store for apps that produce visual schedules.
3. Visual timers can help Liam to understand how much time he has left before he will receive a break or before a transition occurs. Visual timers can be found through basic

app/online searches. Sand timers are available for purchase online. At the beginning of an activity, discuss the visual timer and how much time will be allowed.

4. Allow additional ‘downtime’ to self-regulate following changes in routine, social events, transitions, and highly stimulating situations. Be aware that Liam likely needs more quiet and downtime to reset. Having additional quiet time, regulating activities, and no screens will be important in the hours prior to bedtime to help with sleep onset.

Resources

What to Do When Your Temper Flares: A Kid's Guide to Overcoming Problems With Anger by Dawn Huebner

Understanding Myself: A Kid's Guide to Intense Emotions and Strong Feelings by Mary C. Lamia, Ph.D.

Living With Intensity: Understanding the Sensitivity, Excitability, and the Emotional Development of Gifted Children, Adolescents, and Adults by Susan Daniels & Michael M. Piechowski (Available on Amazon.com)

The Relaxation and Stress Reduction Workbook for Kids: Help for Children to Cope with Stress, Anxiety, and Transitions (Instant Help) by Lawrence Shapiro PhD (Author), Robin Sprague (Author), Matthew McKay PhD

Hsperson.com – Information on ‘the highly sensitive person’ and ‘the highly sensitive child’

The Highly Sensitive Child by Elaine Aron, Ph.D.

Raising Your Spirited Child: A Guide for Parents Whose Child Is More Intense, Sensitive, Perceptive, Persistent, and Energetic, Third Edition by Mary Sheedy Kurcinka

Understanding Myself: A Kid's Guide to Intense Emotions and Strong Feelings by Mary C. and Ph.D. Lamia

My Book Full of Feelings: How to Control and React to the Size of Your Emotions by Amy Jaffe and Luci Gardner

Parenting a Child Who Has Intense Emotions by Pat Harvey ACSW LCSW-C and Jeanine Penzo LICSW

The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children by Ross W. Greene PhD (Author)

“Transforming the Difficult Child: The Nurtured Heart Approach” by Howard Glasser and Jennifer Easley

Transforming the Difficult Child Workbook: An Interactive Guide to The Nurtured Heart

NEUROPSYCHOLOGICAL ASSESSMENT

Re: Liam Pierce

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Approach by Lisa Bravo (Author), Howard Glasser (Author), Joann Bowdidge (Author)

It has been a pleasure working with Liam and his family. If you have any questions or concerns regarding this evaluation, please call Dr. Ocken-Helmen at (763) 559-7050.



Megan Ocken-Helmen, Psy.D., L.P.

Pediatric Neuropsychologist

Licensed Psychologist

LP5644

PEDIATRIC NEUROPSYCHOLOGY EVALUATION TEST SCORES

Note: The test data listed below use one or more of the following formats:

- **Standard Scores** have an *average* of 100 and a *standard deviation* of 15 (the average range is 85 to 115).
 - **Scaled Scores** have an *average* of 10 and a *standard deviation* of 3 (the average range is 7 to 13)
 - **T-Scores** have an *average* of 50 and a *standard deviation* of 10 (the average range is 40 to 60)
 - **Z-Scores** have an *average* of 0.0 and a *standard deviation* of 1.0 (the average range is -1.0 to 1.0)
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COGNITIVE FUNCTIONING

Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V)

Composite		Sum of Scaled Scores	Composite Score	Percentile Rank	95% Confidence Interval	Qualitative Description	SEM
Verbal Comprehension	VCI	21	103	58	95-110	Average	3.97
Visual Spatial	VSI	29	126	96	116-132	Very High	4.50
Fluid Reasoning	FRI	28	123	94	114-129	Very High	3.97
Working Memory	WMI	22	107	68	99-114	Average	4.24
Processing Speed	PSI	24	111	77	101-119	High Average	5.41
Full Scale IQ	FSIQ	80	110	75	104-115	High Average	3.00
Nonverbal	NVI	81	125	95	118-130	Very High	3.35
General Ability	GAI	62	116	86	110-121	High Average	3.00
Cognitive Proficiency	CPI	46	111	77	103-117	High Average	4.24

Confidence intervals are calculated using the Standard Error of Estimation.

Domain	Subtest Name		Total Raw Score	Scaled Score	Percentile Rank	Age Equivalent	SEM
Verbal Comprehension	Similarities	SI	23	10	50	9:2	1.04
	Vocabulary (Information)	VC	25	11	63	9:10	1.08
Visual Spatial	Block Design	BD	35	13	84	14:2	1.24
	Visual Puzzles	VP	21	16	98	>16:10	0.95
Fluid Reasoning	Matrix Reasoning	MR	21	13	84	14:10	1.08
	Figure Weights	FW	26	15	95	16:2	0.73
Working Memory	Digit Span	DS	20	8	25	7:6	0.99
	Picture Span	PS	34	14	91	15:10	1.08

NEUROPSYCHOLOGICAL ASSESSMENT

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Processing Speed	Coding	CD	35	10	50	9:2	1.37
	Symbol Search	SS	31	14	91	13:2	1.34

Subtests used to derive the FSIQ are bolded. Secondary subtests are in parentheses.

Process Score	Raw Score	Scaled Score
Digit Span Forward	6	6
Digit Span Backward	8	10
Digit Span Sequencing	6	8

MEMORY FUNCTIONING**Child and Adolescent Memory Profile (ChAMP)**

Scale	Standard Score
Memory Screening Index	109

Subtest	Scaled Score
Lists Immediate	13
Objects Immediate	10

VISUAL-MOTOR AND FINE MOTOR FUNCTIONING**Beery-Buktenica Developmental Test of Visual Motor Integration, Sixth Edition**

Raw Score	Standard Score
19	85

Grooved Pegboard

Trial	Time	Standard Score
Dominant (R)	66"	108
Non-Dominant	84"	97

ATTENTION & EXECUTIVE FUNCTIONING**Integrated Visual and Auditory Continuous Performance Test (IVA+Plus)**

Scale	Standard Score	
Full Scale Response Control Quotient	92	
Full Scale Attention Quotient	85	
	Auditory Standard Score	Visual Standard Score
Response Control Quotient	99	87
Prudence	96	102
Consistency	92	104
Stamina	111	69
Attention Quotient	78	94
Vigilance	67	90
Focus	80	105

NEUROPSYCHOLOGICAL ASSESSMENT

Re: Liam Pierce

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Speed	115	94
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Delis-Kaplan Executive Function System (DKEFS)

D-KEFS Trail Making Test	Scaled Score
Visual Scanning	13
Number Sequencing	13
Letter Sequencing	15
Number-Letter Switching	15
Motor Speed	14
Combined Number & Letter Sequencing	15
Number-Letter Switching All Errors	12

D-KEFS Color-Word Interference Test	Scaled Score	Percentile Rank
Color Naming	12	
Word Reading	12	
Inhibition	12	
Inhibition/Switching	13	
Color Naming Total Errors		50
Word Reading Total Errors		100
Inhibition Total Errors	5	
Inhibition/Switching Total Errors	10	

Behavior Rating Inventory of Executive Function, Second Edition (BRIEF-2)-Parent Form

Index/scale	Raw score	T score	Percentile	90% C.I.
Inhibit	18	64	91	58-70
Self-Monitor	10	68	97	61-75
Behavior Regulation Index (BRI)	28	66	93	61-71
Shift	14	59	85	52-66
Emotional Control	24	84	> 99	79-89
Emotion Regulation Index (ERI)	38	74	98	69-79
Initiate	9	55	71	48-62
Working Memory	15	55	74	50-60
Plan/Organize	11	45	40	39-51
Task-Monitor	11	58	84	51-65
Organization of Materials	11	54	74	48-60
Cognitive Regulation Index (CRI)	57	53	66	50-56
Global Executive Composite (GEC)	123	64	87	62-66

EMOTIONAL AND BEHAVIORAL FUNCTIONING**Behavior Assessment System for Children, Third Edition (BASC-3): Parent Response Form**

Clinical Scales	T-Score	Adaptive Scales	T-Score
Hyperactivity	63	Adaptability	36
Aggression	69	Social Skills	50
Conduct Problems	67	Leadership	43
Anxiety	49	Activities of Daily Living	41
Depression	75	Functional Communication	47
Somatization	61		
Atypicality	48	<u>Composite Indices</u>	
Withdrawal	58	Externalizing Problems	69
Attention Problems	61	Internalizing Problems	64
		Behavioral Symptoms Index	67
		Adaptive Skills	42

Behavior Assessment System for Children, Third Edition (BASC-3): Teacher Response Form

Clinical Scales	T-Score	Adaptive Scales	T-Score
Hyperactivity	73	Adaptability	53
Aggression	46	Social Skills	54
Conduct Problems	54	Leadership	53
Anxiety	39	Study Skills	47
Depression	42	Functional Communication	49
Somatization	50		
Attention Problems	67	<u>Composite Indices</u>	
Learning Problems	41	Externalizing Problems	58
Atypicality	64	Internalizing Problems	42
Withdrawal	43	School Problems	54
		Behavioral Symptoms Index	57
		Adaptive Skills	51

Behavioral Assessment System for Children, Third Edition (BASC-3): Self-Report Form

Clinical Scales	T-Score	Adaptive Scales	T-score
Attitude to School	73	Relations with Parents	59
Attitude to Teachers	40	Interpersonal Relations	57
Atypicality	46	Self-Esteem	58
Locus of Control	54	Self-Reliance	59
Social Stress	50		
Anxiety	61	<u>Composite Indices</u>	
Depression	47	School Problems	57
Sense of Inadequacy	53	Internalizing Problems	52
Attention Problems	51	Inattention/Hyperactivity	52
Hyperactivity	52	Emotional Symptoms Index	49
		Personal Adjustment	60

SOCIAL PERCEPTION AND FUNCTIONING**Autism Diagnostic Observation Schedule, Second Edition (ADOS-2): Module 3**
'Non-spectrum' range

Billing standards require documentation of billing codes utilized during each assessment. The following represents the codes used and units billed. This table is provided to meet documentation requirements for billing purposes only.

<u>Code</u>	<u>Units</u>
96116	-
96132	1
96133	4
96136	1
96137	8
96138	1