

Pediatric Neuropsychological Assessment with Dr. Chidekel

Parents interested in having a neuropsychological assessment for a child often have questions about the process and what they can expect from it. I have prepared this document to answer some of your questions. Feel free to contact me if you have questions that this document doesn't answer.

Neuropsychology is a specialty in psychology, like neurology and pediatrics are specialties in medicine. Neuropsychology focuses on understanding the relationship between brain functioning and behavior. Neuropsychologists are clinical psychologists first. I was licensed as a clinical psychologist in 1995. In 2000, I completed a two-year program to specialize in neuropsychology. I am certified by two specialty boards. The American Board of Pediatric Neuropsychology, with which I certified in 2001, is specific to the practice of neuropsychology with children. The American Board of Professional Neuropsychology, with which I certified in 2007, is a general board inclusive of children and adults.

Many parents initially find that explanation reassuring, but may find themselves wondering, "What does that mean? How will a neuropsychological assessment help me with the questions I have about my child?"

The only reason to pursue a neuropsychological evaluation is to figure out what needs to be done to make things better. Many parents considering neuropsychological assessment have tried different strategies to help their children, but problems persist. To figure out what will help, we need to understand what is driving the problems at hand. A child can present with behaviors and challenges that are obvious enough, though what is causing them is not clear. The neuropsychological assessment is directed to clarify what is driving problems in order to allow a plan for treatment and accommodations to be made that is specific to the cause.

The process

Any evaluation starts with an initial consultation with parent(s). The meeting is scheduled for 75 minutes. Before you come in, I ask you to fill out an initial history form. It's about seven pages long. On the first page, I ask you to indicate the current problems at hand. Then, there are questions about history: family genetic history, prenatal care, early development, medical history, academic history, and so on. Fill it in and bring it with you to the meeting. We use that form as a structure for our conversation. I'll look over your responses and I'll ask you more questions about some of them. The purpose of that meeting, for me, is to come up with ideas about what *may* be causing problems. This ensures that I have all the relevant questions in mind to address with the testing. At that meeting, I am likely to ask you for permission to send behavior rating scales to your child's teachers. Those are one source of information to allow me to get a sense of how your child is presenting in school. I will give you parent versions of these scales to fill out as well.

Depending on the age of your child and the issues at hand, the next step may be for me to observe of your child in school. School observations can be important sources of information for elementary and some middle school-aged children, whose problems are readily apparent in the classroom and/or on the schoolyard. School visits do not tend to be important for most older children, unless you are planning to use the results of my assessment in your IEP. Ask me about this. If I do a school observation, it generally occurs between my first meeting with you and my first meeting with your child in my office. This ensures that your child does not recognize me at school, so I am no more distracting than would be any other quiet adult with a clipboard.

After our initial parent meeting (or after the school visit) we schedule times for testing. Most children require eight hours with me. This is done over the course of two, three, or four meetings, depending on the age of your child and his or her needs.

When you bring your child to the first testing meeting, I'll greet you in the waiting room and we'll come into the consultation room together. I'll get your contact information, and we'll confirm a pick up time. There is no need to stay in the waiting room while your child is with me for the evaluation. After you transition out of the office, I'll sit down with your child and talk with him or her for a while. I'll ask why he or she understands that we are meeting. We'll talk about school, friends, family and other important aspects of life. This interview provides an opportunity for your child to feel more comfortable with me and to get used to being in the office, and it's an opportunity for me to learn his or her perspective. The interview lasts between 15 minutes and an hour.

The rest of the time is spent with me administering a variety of different standardized tests. These are different tasks that will require your child to call upon capacities governed by different brain networks. The tests are noninvasive. Most children find most of what we do interesting and some of it boring. Children who are told they're coming for eight hours of testing have a much better time than they expected to have.

Two or three weeks after my last meeting with your child, I contact you to set up a time to come in to discuss the findings of the assessment. That meeting is for parents. If your child is working with a therapist, it can be useful to have the therapist at that meeting as well. My goal is for you to leave the meeting feeling, "I really understand my child." Some older children who come for assessment may be interested in talking with me about the findings as well. If that is the case with your child, we figure out whether that is best done with you or in a separate meeting.

You will leave our meeting with a clearly written, comprehensive report of the findings. It will include aspects of family history, observations of your child in my office, and all findings of cognitive, academic, and psychological testing. If you would like to share the findings of the evaluation with your child's school, you may not want to share *all* of it. With your direction regarding what to exclude, I will make an abridged version of the report that takes out information not necessary for the school's purposes in order to protect your privacy.

The cost of the evaluation (without a school visit) is \$6300. This includes a 75-minute initial consultation, up to nine hours test administration, up to one hour combined record review/consultation with third parties (with your consent), a 75-minute feedback session at the

conclusion of the assessment, a written report, and an abridged version of the report if you request it. I collect \$400 at our initial meeting as a consultation fee. There is no obligation to move forward should you decide not to do so. If we decide a school visit would be important, I collect additional fees for that (\$400/hr) at the time of the initial consultation as well. Any other services you request of me, such as additional intake or feedback meetings, and attendance at IEP's, will be billed hourly at the same rate. I collect the balance of the evaluation fee - \$5,900 - when I first meet with your child. I provide a superbill to you at our last meeting, which you can submit to your insurance company for reimbursement.

I am not a preferred provider on any insurance plan, but if you have PPO they may reimburse you for some of my fees as an out-of-network provider. If you wish to look into what they will cover, I recommend you access the "insurance reference" form, which you will find at the bottom of the "Neuropsychology" page of my website (www.drdanac.com).

Please feel free to contact me if you have additional questions or if you would like to set up an initial consultation.