PSYCHOPHARMACOLOGY

DIAGNOSIS & ASSESSMENT

Subject Matter Experts:

Ronald T. Brown, PhD, ABPP
Deborah P. Coehlo, PhD, C-PNP, PMHS, CFLE

Panelists:

Lyre Fribourg, Psychologist, PhD
Manya Ralkowski, EdS, BCBA, LBA, IBA

MODULE 7

SL Global

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Relevant and Non-relevant Disclosures

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To access the downloadable tools, go to:

Psychopharmacology's Resources and Tools

1. Article Summary: Diagnosis of ASD
2. ABA Intake Outline and Checklists Service Implementation, Initial Assessments, Bi-Annual Re-Assessment for Continuation of Services
3. 6-Month Re-Evaluation Treatment Plan
4. Continuity of Care Service Interruptions, Transitions, Discontinuations
5. CSBS DP Infant-Toddler Checklist
6. Modified Checklist for Autism in Toddlers, Revised, with Follow-Up
7. What you should know about the Screening Process
8. Ages and Stages Questionnaires

Subject Matter Expert
Ronald T. Brown, PhD, ABPP

Professor and Dean
School of Allied Health Sciences
University of Nevada

Dr. Ronald Brown, a noted expert on the topic of ADHD has served as the Associate Vice Chancellor for Academic (Health Affairs) at the University of North Texas System.

Dr. Brown completed his Ph.D. from Georgia State University and has been the past President of the Society of Pediatric Psychology and the Association of Psychologists of Academic Health Centers.

He is a board-certified clinical health psychologist and has been an active clinician, teacher, advocate and investigator. He served as a member of the Behavioral Medicine study section of the NIH and chaired several special panels at NIH. He currently serves as the Editor of Professional Psychology: Research and Practice.

Dr. Ronald Brown's area of specialization includes behavioral sciences, pediatric psychology, attention deficit disorders, neuropsychology, psychopharmacology, learning disabilities and psychosocial oncology.

Subject Matter Expert
Deborah P. Coehlo, PhD, C-PNP, PMHS, CFLE

Founder and Director
Juniper Pediatrics

Dr. Debbie Coehlo is a certified Pediatric Nurse Practitioner and Pediatric Mental Health Specialist with a Doctoral Degree in Family Sciences and Human Development. She is the Founder and Director of Juniper Pediatrics, a clinic modeled after John F Kennedy's multidisciplinary system of care. Using a holistic, integrated care model, Juniper provides counseling, medication management and family therapy for children with ASD, ADHD and other childhood mental health disorders.

Dr. Coehlo completed her Master's in Nursing with a specialty in parent- child nursing. She spent 10 years working at the Child Development Center at the University of Washington in the Genetics Clinic and Multidisciplinary Clinic. In 1999, she complete her Doctorate degree in Human Development and Family Studies.

She continues to teach at the undergraduate and graduate level and had pursued research in the area of social networking, transitioning to out of home care for families, and child development.

Dr. Coehlo is a co- editor for the 4th and 5th edition of Family Health Nursing (F.A. Dais, 2010/2013) and has published several journal articles in the areas of families choosing residential care, families in transition, family health nursing, and care of children with special health care needs.

Panelist
Lyre Fribourg, Psychologist, PhD

Dr. Lyre Fribourg is a Licensed Clinical Psychologist and a Board-Certified Behavior Analyst. She balances her work schedule between her private practice in Los Angeles, California and a staff psychologist position at University of California, Los Angeles in the Developmental Behavioral Pediatrics clinic. She enjoys working in an interdisciplinary team and values the collaboration with physicians when it comes to diagnosing and treating children.

She leads a parent group for newly diagnosed families of children with autism and provides group parenting classes to families of young children. For more than 25 years, Dr. Fribourg has worked with children with neurodevelopmental disorders, and their families in homes, schools and communities. Additionally, she has shown her commitment to educating other professionals in the field through professional development workshops about behavior management in schools and presenting at annual conventions for behavior analysts. Outside of her practice, she loves spending time with her husband and children, who give her yet another perspective on the challenges that come with parenting children.

Panelist
Manya C. Ralkowski, EdS, BCBA, LBA, IBA

Instructional Leadership – Curriculum Specialist
Board Certified Behavior Analyst
Licensed Behavior Analyst
International Behavior Analyst

Ms. Manya Ralkowski has been practicing in the field of applied behavior analysis for over 27 years. Her training began under direct education and training from consultants from the Lovaas Clinic in Los Angeles while completing her bachelor of arts in Communication Disorders with endorsements in special education and psychology at Western Washington University. Ms. Ralkowski continued her education and training with a master's degree in Education from Lesley University and a graduate certificate in Applied Behavior Analysis from the University of Washington while working as an assistant teacher on the Project DATA grant at the Haring Center-Professional Training Unit. She also possesses a doctorate degree in Instructional Leadership.

Her extensive educational and clinical background has afforded her many opportunities to build programs where there were none. Ms. Ralkowski has brought many programs and change to the PNW as a Design Team member for Seattle Public Schools creating the first STEM school for the district, a district consultant creating and replicating inclusion programs across the region, and most recently a Clinical Director, starting up a school and home-based ABA program serving 10+ districts and over 20 communities regionally.

Since 1994, Ms. Ralkowski has been creating and designing ABA programs and educational services from San Diego up the coast and into BC, Canada. She has been trained in many ABA based methodologies including PRT, DTT, NET, Verbal Behavior, Precision Teaching, PECS, and naturalistic ABA. She brings together disciplines such as ABA, special education, speech pathology, psychology, and remedial reading instruction for a comprehensive program for each student, each family, each teacher, and each school to create stronger and more inclusive communities.

Learning Objectives

1. Recognize specific target behaviors associated with the diagnosis of the different mental health diagnoses in childhood.
2. Explore and discuss symptoms of mental health disorders that are seen throughout various developmental stages of childhood.
3. Evaluate environmental factors that may impact a child's functional ability.
4. Review common screening and assessment tools used to assess and monitor mental health diagnoses in children.
5. Review the DSM-5 diagnostic criteria used to diagnosis common mental health disorders in children.
6. Identify classes of psychotropic medications that have demonstrated effectiveness in the treatment of mental health in childhood.
7. Discuss the benefits versus the risks of accurate assessment and diagnoses and treatment outcomes when treating children with mental health disorders.
8. Apply knowledge to specific case studies including assessment, diagnosis, treatment, and evaluation of outcomes.
9. Analyze ethical issues arising during the assessment and diagnosis of a child with mental health diagnoses.

Case Study: Avery

- High functioning ASD
- 9 years old
- Other symptoms: Very talkative, one-sided conversations, hyper- active, low frustration level, high level of irritability
- Previous diagnoses:
  - ASD- Educational diagnosis only
  - ADHD-combined
  - PTSD: Childhood trauma
- Current concerns: Education
  - Transferring from a different district
  - No IEP

Diagnosing Developmental and Behavioral Concerns: What is Mental Health in Children?

- Difficulty in diagnosing due to:
  - Children's mood regulation is typically more unstable than adults (i.e., temper tantrums typically decrease with age)
  - Physical changes can cause changes in development and behavior
  - Health issues can cause changes in development and behavior
  - Many behavioral "problems" are typical for certain developmental stages (i.e., thumb sucking)
  - Environmental transitions, stresses, and traumas can impact development and behavior, and can be temporary (i.e., adjustment) versus long-term versus chronic
  - Parents and other caregivers are often fearful and reluctant to obtain a diagnosis
    - Stigma of labels

What is Included in a Mental Health Screening?

- Health care providers try to identify conditions that are common in children that, if identified early and treated, have improved outcomes.
- Health care providers, therefore, use a variety of screening tools to identify children that are normal or typical, questionable, or abnormal.
  - Normal or typical: Rescreen at regular well child checks based on age.
    - Example: Ages and Stages Questionnaire: https://clas.uiowa.edu/nrcfcp/sites/clas.uiowa.edu.nrcfcp/files/Ages%20and%20Stages%20Questionnaires%20ASQSE.PDF
  - Questionable: Rescreen in 1-3 months
  - Abnormal: Refer for a mental health evaluation/assessment

Example Screening: M-CHAT (mchatscreen.com)

- Screening tool designed to identify children on the autism spectrum
- Valid to use with children ages 16-30 months old
- Can be used in clinical practice with electronic medical records free of charge
- Includes scoring and referral guidelines:
  - Normal/low risk (score less than 3): no action needed
  - Medium Risk (score 3-7): Administer Follow-Up (MCHAT R/F) to screen risk responses. If score remains above 2, refer for diagnostic evaluation.
  - High Risk (score 8-20): Refer immediately for diagnostic evaluation and eligibility for early intervention

Was Avery Screened?

- Many children with ASD-mild are missed, as they typically reach developmental milestones within normal timelines.
- Educational diagnosis usually occurs due to social and behavioral concerns or co-morbidities that interfere with educational performance (more on this later)
  - ADHD and ASD
  - OCD and ASD
  - Mood disorders and ASD

Avery was not screened during the 16 to 30 month timeframe

What is Mental Health Evaluation/Assessment?

- A process where a mental health professional or professionals obtain detailed information about a child and the child's family in order to make an accurate diagnosis that guides treatment plans.
  - Information includes:
    - Multiple sources (parents, teachers, primary health care providers, childcare providers).
    - Multiple time points (history of concerns across time).
    - Multiple measurements (vital signs, growth, laboratory tests, diagnostic tests).
    - Multiple tests/assessment tools (cognitive, motor, speech, social, mood regulation).
    - Multiple professionals/disciplines (integrated or interdisciplinary teams, collaboration, consultation)
    - Multiple environments (information about home environment, school, childcare, public settings).

Different Types of Mental Health Evaluations for Children

Type of Evaluation	Rationale
Psychiatric	• Child has serious emotional and/or behavioral concerns • Evaluation includes determining whether emotional and behavioral concerns may be caused by a physical problem (i.e., Celiac disorder) • Medications are being considered
Psychological	• Child has serious emotional and/or behavioral concerns • Diagnosis is unknown or unclear
Psychoeducational	• Child is having a difficult time learning • Child may need specialized instruction in school
Developmental	• A young child is not showing age-appropriate mastery of skills • Early intervention is considered
Neuropsychological	• Child is struggling with attention, memory, cognitive skills, problem-solving skills, and/or visual/auditory processing • Often recommended if child has neurological medical diagnosis
Evaluation for a specific diagnosis (i.e., ADHD or ASD)	• Child is exhibiting signs and symptoms of the diagnosis across settings and across time, and the symptoms interfere with functioning • Symptoms cannot be explained by other conditions
IEP testing for eligibility	• Child is not performing well in an educational setting • Evaluation completed by school personnel (i.e., school psychologist)

What Evaluation Do You Think Avery Needs?

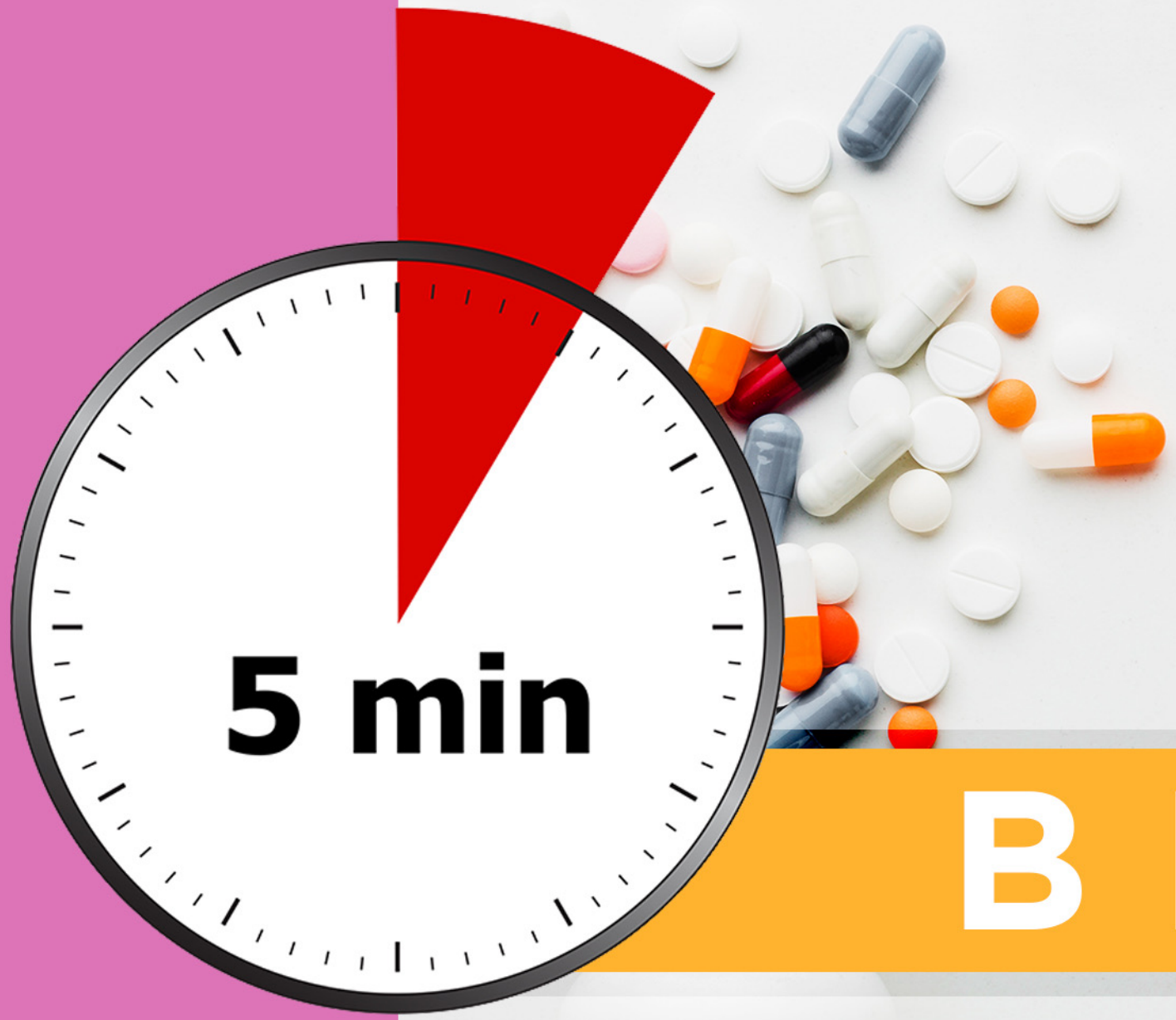
A bit more about Avery: Her parents and teacher reported that Avery has a very difficult time sitting still, paying attention in class, and starting and finishing assignments. She also has temper tantrums lasting up to 45 minutes at home and school triggered by not wanting to do an assignment or tasks or getting frustrated when she cannot do a skill or assignment. She plays by herself on the playground, often circling the fence for the recess period. She is very talkative, but rarely asks others' questions. Her parents note she has never had any real friends in spite of trying to have play dates for her.

Her parents note she has been in a regular classroom at her "old" school, but she was often sent to the office to calm down. The school psychologist observed her in class and on the playground and gave her an educational diagnosis of ASD. She received consultation services from the ASD district specialist, but no other services. Her pediatrician recently did a physical, and stated she was doing well.

- Is an IEP evaluation by the school enough?
- Why or why not?

Starting the Evaluation on Avery

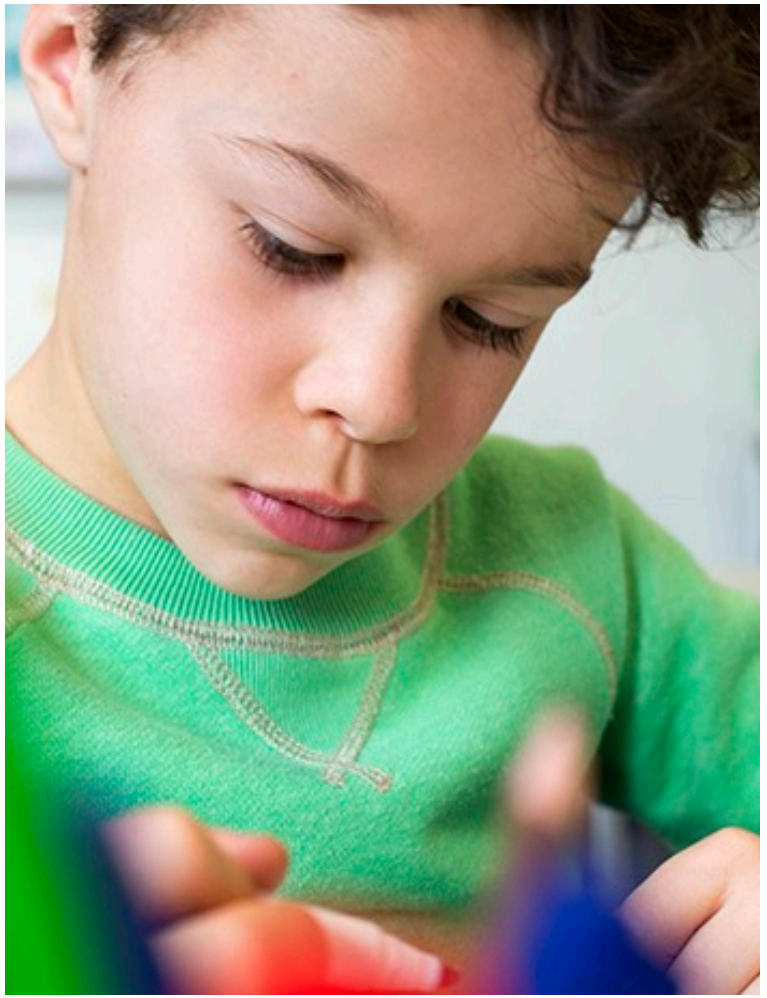
- IEP Evaluation: Avery was evaluated for her intellectual quotient, problem solving skills (Wechsler Intelligence Scale for Children- 5th Ed.), gross and fine motor skills, visual and auditory processing, communication skills, and social skills through standardized tests and questionnaires, and observation in the classroom, playground, and cafeteria. Additionally, her parents and teacher completed the Conners Questionnaire for ADHD, the BRIEF (for executive functioning skills), and the Behavior Assessment System for Children (BASC).
- Because of concerns regarding hyperactivity, impulsivity, poor attention and focus, poor mood regulation, and poor frustration tolerance, Avery was referred to a developmental and behavioral psychiatrist for further assessment and evaluation for a medical diagnosis of ASD, co-morbidities, and consideration of medications.



BREAK

How to Choose the Best Test?

- Administration time
- Training
- Cost for testing and scoring materials
- Copyright
- Reliability:
  - Can the results be repeated by other professionals, other time points, or other environments?
- Validity:
  - Does the test measure what it is intended to measure?
- Ease in interpreting findings to parents and other professionals



What to Tell Parents About Going Through an Evaluation?

- Talk to your child
  - Ask about fears (i.e., “is something wrong with me?”)
- Be honest
  - Avoid telling your child that the testing is a game
- Schedule at a time that will not interfere with important activities, disrupt important routines (i.e., naps), or during other stressful times or transitions (i.e., moves).
- Prepare
  - Good sleep the night before
  - Good breakfast
  - Pack snacks, favorite items, directions and instructions, etc.

From Diagnosis to Treatment Planning

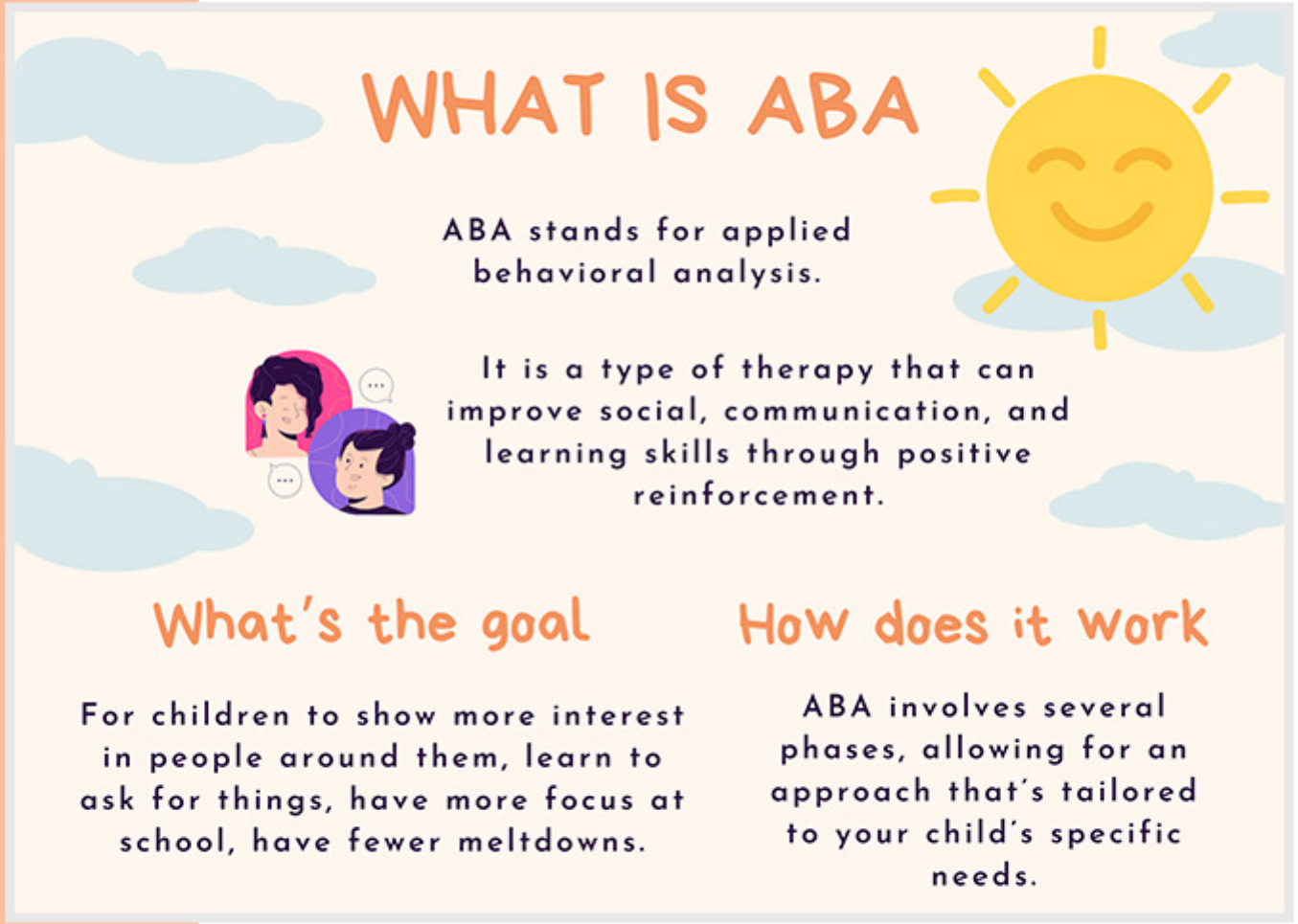
- Depending on the diagnosis, different services should be considered. There are many treatment options for parents to be informed of.
- There is not one treatment plan that works for all
  - Diagnosis guides treatment, but treatment still needs to be individualized
    - Age of child
    - Developmental level of child
    - Current functioning
    - Parenting characteristics
    - Family resources
- What services should the family plan for Avery? Remember the diagnosis is ASD and ADHD

Types of Services

Diagnosis	Developmental Age	Example of Services
ASD	18 months to adulthood	ABA CBT/DBT Social skills counseling and groups Parent support Medication management Educational support
ADHD	3 years to adulthood	Behavioral counseling Medication management Parent counseling and support Educational support
OCD	4 years to adulthood	CBT Medication management Parent support Educational support

Getting Started with Applied Behavior Analysis Services - A Common Road Map

- Waitlists
- Local providers if possible
- Check insurance funding options
- Trusted referrals from your diagnostician
- Pre-assessment
- Assigned supervisory team
- BCBA and possibly assistant supervisor
- Assessments and observation
- Behind the scenes – BCBA
- Present treatment plan with proposed goals
- Submit for authorization
- Once authorized – start of services with BT
- Ongoing therapy schedule with supervision
- Re-evaluation at 6 months to update authorization



Common Tools used in ABA Assessment Processes

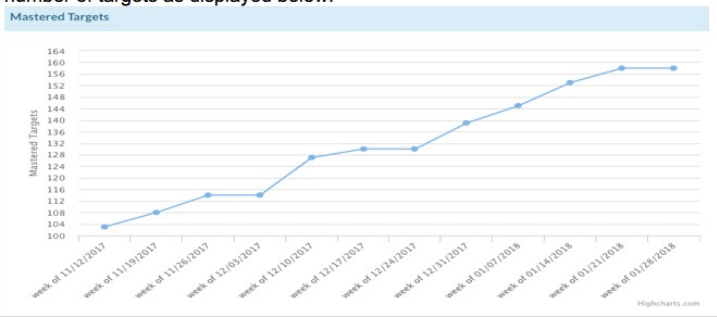
- Assessment for Basic Language and Learning Skills – Revised (ABLLS-R)
- Assessment of Functional Living Skills (AFLS)
- Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP)
- Essential Skills for Living
- PEAK Relational Training System
- Vineland Adaptive Behavior Scales
- PDD Behavior Inventory (PDDBI)
- Social Skills Improvement Scale (SSIS)
- Behavior Rating Inventory for Executive Function (BRIEF)

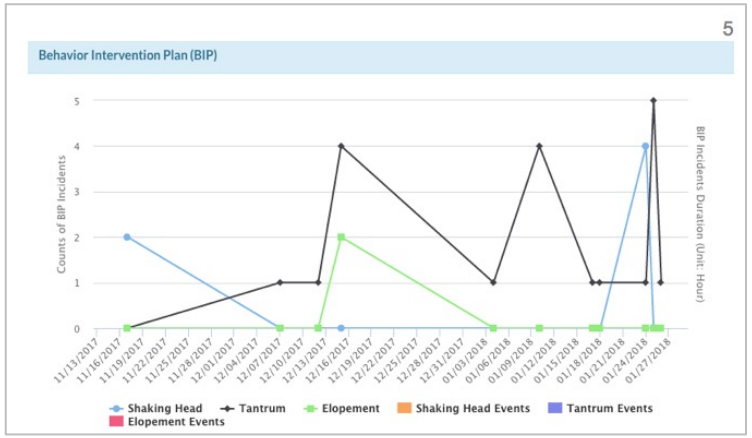
What's in an ABA treatment plan?

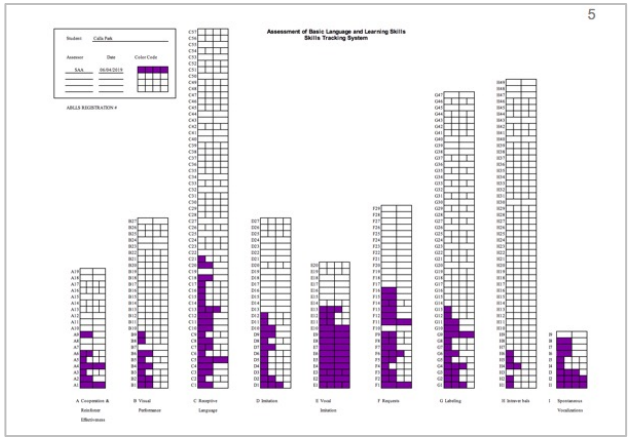
- Identifying information of the client
- Recommended treatment hours for services
- Statement of confidentiality
- Background information, treatment summaries if applicable
- Direct clinical observation, assessment information, graphs
- Functional Behavior Assessment if applicable, positive behavior support plan
- Initial goals, new goals from 6-month re-assessment if applicable
- Discharge criteria
- Signature page with date – parents, clinical supervisor, behavior technicians

Presenting Assessment Data in a Treatment Plan

Client Goals and Progress:
Karter's previous assessment focused skill development in daily living, communication, language development, imitation and visual perception skills. Karter has shown consistent progress in all areas and has mastered a significant number of targets as displayed below.







Examples of treatment plan goals

Language Skills

4. Tacting/ Expressive ID - **Continue**
   Setting: Home
   Objective: Juliana will verbally tact 100 or more objects and 20 or more actions.
   Baseline: Juliana demonstrated the ability to tact 15 different objects, including animals, fruits and colors.
   Goal: Juliana will label 100 common items within her environment to 80% accuracy, across three consecutive sessions.
   ABA Intervention(s): Positive reinforcement, modeling, prompt fading, behavior shaping
   Progress: Juliana has made progress in tacting items in her environment to 50 objects, but she cannot tact things outside her environment in 1/5 opportunities.

Play Skills and Social Interaction

5. Parallel Play - **Continued**
   Setting: Home
   Objective: Juliana will independently engage in parallel play for at least 10 minutes.
   Baseline: 1 out of 5 sets
   Goal: Juliana will independently engage in a variety of play activities in a parallel play environment with adults and peers for at least 10 minutes with 90% accuracy across 3 consecutive opportunities.
   ABA Intervention(s): Positive reinforcement, modeling, prompt fading, behavior shaping
   Progress: Juliana has made progress in parallel play and can now engage in parallel play for 15 minutes independently in 5 out of 5 opportunities with behavior technician. This goal is to be continued and focused with her brother. It is reported that it is difficult for her and her brother to be in the same room engaging in appropriate tasks.

6. Initiate Greeting - **Discontinue**
   Setting: Home
   Objective: Juliana will independently initiate greeting to others when she meets familiar and unfamiliar peers and adults.
   Baseline: 0 out of 5
   Goal: Juliana will independently initiate a greeting to others when she meets them by verbally saying "Hi/Hey/Hello", or waving to them on 80% opportunities for three consecutive days.
   ABA Intervention(s): Positive reinforcement, modeling, prompt fading, behavior shaping
   Progress: This goal is being discontinued at this time to focus on more functional communication and adaptive living skill needs.

Diagnostic Re-Evaluation

- Best practices recommend re-evaluation every two years
  - Confirmation of diagnosis
  - Assessment for common co-morbidities
  - Reassessment of functioning with change in developmental level
  - Assurance parents and child have received appropriate services
  - Re-evaluation of treatment plan
  - Continued support for parents and child regarding planning for the future

Why are Best Practices not Always Followed?

- Cost
- Time/Efficiency
- Lack of expert providers
  - Few behavioral and developmental providers, especially in rural communities
- Difficulty with communication across settings and across disciplines
- Parental fear and/or confusion on what is needed when by whom
- Low health literacy

What Can Parents Do?

Ethical Considerations when Giving a Diagnosis

- Never give a diagnosis of a chronic developmental and/or behavioral diagnosis over the phone
- Never say more than you know (i.e., if you are unfamiliar with the long-term outcomes of Phenylketonuria, do not guess).
- Never over generalize treatment options (i.e., recommending ABA for all children diagnosed with autism regardless of age, developmental and functional level, availability, etc.)
- Avoid rushing
- Avoid professional jargon
- Always discuss treatment options, follow-up recommendations, clarification of testing results, and questions

Summary

- *Care of a child with a behavioral and/or emotional concern starts with screening, followed by assessment, diagnosis, treatment, and re-evaluation*
- *Choosing an appropriate screening or assessment tool depends on cost, time, availability, training requirements, reliability, and validity of the tool.*
- *Diagnosis must be made carefully and only after a thorough evaluation/assessment.*
- *Treatment services are individualized and dependent on the child's needs, family needs, and availability and costs of services*
- *Re-evaluation is recommended every two years.*
- *Best practices may not be followed due to time, cost, availability and fear.*

References

Braaten, E. B., & Norman, D. (2006). Intelligence (IQ) testing. Pediatrics in Review, 27(11), 403–408.

Perry, A., Condillac, R. A., Freeman, N. L., Dunn-Geier, J., & Belair, J. (2005). Multi-site Study of the Childhood Autism Rating Scale (CARS) in Five Clinical Groups of Young Children. Journal of Autism & Developmental Disorders, 35(5), 625–634. https://doi-org.ezproxy.proxy.library.oregonstate.edu/10.1007/s10803-005-0006-9

Prelock, P. A., Beatson, J., Bitner, B., Broder, C., & Ducker, A. (2003). Interdisciplinary Assessment of Young Children With Autism Spectrum Disorder. Language, Speech & Hearing Services in Schools, 34(3), 194–202. https://doi-org.ezproxy.proxy.library.oregonstate.edu/10.1044/0161-1461(2003/016)

Steiner, A., Goldsmith, T., Snow, A., & Chawarska, K. (2012). Practitioner's Guide to Assessment of Autism Spectrum Disorders in Infants and Toddlers. Journal of Autism & Developmental Disorders, 42(6), 1183–1196. https://doi-org.ezproxy.proxy.library.oregonstate.edu/10.1007/s10803-011-1376-9

What is a mental health evaluation? https://www.chrichmond.org/services/mental-health/family-support-resources/what-is-a-mental-health-evaluation#Psychiatric

Acknowledgements

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Psychopharmacology: Diagnosis and Assessment

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Ronald T. Brown, PhD, ABPP
Deborah P. Coehlo, PhD, C-PNP, PMHS, CFLE
Lyre Fribourg, Psychologist, PhD
Manya C. Ralkowski, EdS, BCBA, LBA, IBA

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Sofia Natividad (Marketing Support)
Sasho Gachev (Creative Director)

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- Overview of Psychopharmacology and Childhood Disorders (Recorded)
- Psychopharmacology and ADHD: April 14, 2021 (Recorded)
- Psychopharmacology and Autism: May 12, 2021 (Recorded)
- Psychopharmacology and Mood Disorders: June 9, 2021 (Recorded)
- Psychopharmacology and Evidence-Based Practices: July 14, 2021 (Recorded)
- Ethics of Medication: August 11, 2021 (Recorded)
- Psychopharmacology: Diagnosis and Assessment: October 14, 2021