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INTRODUCTION

Pediatric neuropsychology differs from adult neuropsychology because development is incomplete and brain differences emerge through childhood and adolescence that interact with the environment changing brain structure and neural pathways (Giedd, 2004). A discussion of neuropsychological assessment can be found in several excellent texts (Leczak et al., 2004). The teaming of neurology and neuropsychology can provide state-of-the-art service to children, particularly those with complex and refractory disorders.

Because development is an important aspect at both ends of the life span, it is important to recognize the neuropsychological differences that may occur and the manner in which they may relate to interventions. Moreover, an important aspect for children is the ability to do well in school. Executive functioning is an important aspect of academic and social success. Executive functioning in the areas of planning, organization, emotional control, and inhibition are all important skills for success. Frequently physicians are consulted about difficulties in these areas. An important reference to assist physicians, teachers, and parents in working with children with difficulties in this area has been published by Lynn Meltzer (Meltzer, 2007). Finally, studies that link brain imaging differences in children with autism (Adolphs, 2002) and attention-deficit/hyperactivity disorder (ADHD) (Semrud-Clikeman et al., 2006) are providing new windows into our understanding of these disorders.

NEUROPSYCHOLOGICAL ASSESSMENT

What Is a Neuropsychological Assessment?

Neuropsychological assessments are frequently completed to provide additional information about a variety of developmental disorders. The most common referral questions concern medical disorders including genetic disorders, concussion/traumatic brain injury, recovery from cancer/brain tumors, and other neurologic concerns such as epilepsy and movement disorders. In addition, children who have acquired disorders such as those resulting from exposure to lead or other teratogenic substances are also frequently referred for an evaluation. Disorders such as dyslexia, ADHD, autism spectrum disorder, and fetal alcohol spectrum disorder are common reasons for referral for assessment, particularly when typical interventions have not been successful. Psychiatric disorders such as obsessive-compulsive disorder, anxiety and depression, and behavioral dysregulation are referred for evaluation to more fully understand the child's difficulty and to provide recommendations for intervention in the home and at school.

Child clinical neuropsychology is best viewed within an integrative perspective for the study and treatment of child and adolescent disorders. By addressing brain functions and the environmental influences inherent in complex human behaviors, such as thinking, feeling, reasoning, planning, and executive functioning, clinicians can assist neurologists and

pediatricians in providing the most appropriate service to children with severe learning, psychiatric, developmental, and acquired disorders (Chapters 50 and 58 and chapters in part XIX). Although clinical psychologists and neuropsychologists use similar measures, the interpretation differs. A neuropsychologist views test findings through the lens of neurodevelopment. With our burgeoning knowledge of neural development from studies of serial magnetic resonance imaging, we are able to more fully understand how the environment, genetics, age, gender, and experience can alter brain activity and brain development (Shaywitz et al., 2004). Attention to the scope and sequence of development of cortical structures and related behaviors that emerge during childhood allows further understanding of the effect of interventions, instructional opportunities, and enrichment on the neurodevelopmental process.

Due to the complexity of the brain, and in particular the developing brain, it is most appropriate to utilize a transactional approach to the study and treatment of childhood and adolescent disorders. A description of a transactional approach is that it takes into consideration how abnormalities or developmental complications interact with the environment, how development itself affects the nature and severity of impairment, how to most efficiently assess these difficulties, and how to determine the most appropriate interventions. In this model, neuropsychological assessment—correctly completed—is therapeutic. In this view, the child's performance on appropriate measures plus the feedback to the medical professional, parent, and school provide a basis for understanding the child's strengths and weaknesses and for participating in the development of appropriate interventions. A transactional approach stresses consultation and collaboration with the caregivers of the child (as well as assisting the child in adjusting to his/her areas of challenge) but also with medical practitioners. In summary, child clinical neuropsychology is best viewed within an integrated framework, incorporating behavioral, psychosocial, cognitive, and environmental factors into a comprehensive model for the assessment and treatment of brain-related disorders in children and adolescents.

Current theory posits that regions of the brain have a bidirectional influence on various neural functional systems, which in turn affect the intellectual and perceptual capacity of the child. The child's behavioral, psychological, and cognitive manifestation of a childhood disorder is likely influenced by the interaction of these functional systems. In addition, the child's neurologic functioning also interacts with his/her social, family, and school environments that facilitate compensatory or coping skills in the individual child, which are either helpful or problematic.

Theorists have hypothesized that developmental regulation underlies behavioral and biological functioning. In other words, biological vulnerabilities influence and are influenced by coping skills and stresses experienced in the child's life. Such adaptation may or may not be efficient or "healthy" but can be viewed as the child's attempt to achieve self-stabilization. In such a paradigm, the individual reacts to both internal and

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