3rd Parent Advocacy Training Program
Navigating the Assessment Maze

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I. **General Information**

1. All health care providers are licensed by the Washington State Department of Health. All are supposed to practice only in their areas of training and expertise.

2. You can find out if your health care professional is licensed and/or if there have been any problems with his / her service delivery.

3. [www.doh.wa.gov](http://www.doh.wa.gov) Internet provider credential search by name  
   (360) 236 - 4700 In person information

4. There are numerous laws currently regulating health care practices, confidentiality, records, etc. If you use a provider who is not licensed, you have no protection.

5. Some individuals make up titles for themselves (coach, educational consultant, LD specialist, tutor) and provide services with / without specific recognized training.

II. **The Professionals Maze: Who Are They?**

**Medical Doctors / Osteopathic Physicians** - Education: College, 4 years medical school, internship, usually residency and/or fellowship. Licensed by the Department of Health to practice medicine based on examination.

1. Family Medicine Physician: Residency* in handling the range of medical problems seen in children and adults.


3. Neurologist: Residency* in diseases / disorders of the brain and spinal cord, frequently including behavior.

4. Pediatric Neurologist: Residency* in diseases / disorders of the brain and spinal cord in children. They often have special interests in developmental disorders, particularly involving behavior.

5. Psychiatrist: Residency* in emotional and / or behavioral disorders. Commonly involved in pharmacotherapy.

* Can take specialty examination: Board Certified

Other Health Care Professionals  (They are not trained in the assessment / treatment of developmental disorders.)

1. Naturopathic Physicians: College education, naturopathic college or university, such as Bastyr. Take examination and are licensed by the Department of Health.

2. Physician’s Assistant: Two year post high school training program geared toward providing practical therapeutic procedures for certain kinds of routine medical problems. P.A.’s work under the direct supervision of physicians who are responsible for their work.

3. Nurse Practitioner (ARNP): Four year college leading to a bachelor in science in nursing, followed by a master’s degree in nursing. May have prescriptive authority.

4. Opthalmologists: Medical doctors who diagnose and treat disorders involving the eye.

5. Optometrists: Trained to examine for visual defects to prescribe glasses. Some purport to treat learning disorders with extensive, expensive visual training.

6. Aides, assistants and technicians in any area are paraprofessionals who work under a qualified professional. They are not qualified to provide services independently.

Licensed Psychologists - Education: College and graduate school consisting of four to ten years, culminating in a doctor of philosophy (Ph.D.). Licensed by the Department of Health to practice psychology on the basis of an examination. Eligibility for the examination is dependent upon completing an accredited doctoral program (specific course work required) and an internship. Post doctoral training is common. Multiple areas of specialization, only some of which are relevant to clinical practice

1. Clinical Psychologist: Specialty training* in clinical psychology, handling problems of living and / or a wide range of concerns. May focus on assessment, treatment or both.

* Can take specialty boards: American Board of Professional Psychology (A.B.P.P.)
2. Pediatric or Child Clinical Psychologist: Specialty training* in children who have problems in development or living. Multiple orientations, philosophies and approaches.

3. Neuropsychologist: Specialty training* in understanding the relationship between brain function and behavior. Generally focus on assessment with some treatment as well. May specialize in adults, children or life span (all ages) neuropsychology.

4. Pediatric Neuropsychologist: Specialty training* in understanding the relationship between brain and behavior in the context of child development / disorders. By definition, have some exposure in their training program to attention deficit disorder and work to some extent in the area of A.D.D. / A.D.H.D. Involved in both assessment and treatment as a rule. See children with school problems, behavior problems, learning disabilities, delayed development, etc.

5. Educational Psychologist: Specialty training* in school related issues in children. May work in private practice setting. This is different from school psychologist.

**Other Mental Health Professionals**

1. Social Workers (MSW): One to three year post-college training leading to a master’s degree in social work use credential LSW. If are working toward licensure and are not licensed LSWAA or LSWAIC, must work under supervision, whether in an agency or private practice.

2. Licensed Marriage and Family Therapist (LMFT):** Master’s degree in marriage and family therapy. Programs do not focus on assessment or treatment of developmental disorders.

3. Licensed Mental Health Counselor:** Recently required to have master’s degree in mental health counseling or related degree.

4. Certified Counselor:** (Used to be a registered counselor with no requirement for any training beyond high school.) As of September 2010 counselors must have a bachelor’s degree in either a “counseling related field” or have at least one-third (1/3) of their courses in a counseling related field.

* Can take specialty boards: American Board of Professional Psychology (A.B.P.P.)

** Licensing exam does not probe knowledge of expertise. Exam only covers risk assessment, ethics and screening.
5. Psychotherapist: A generic term which is not associated with a specific training program or curriculum. People from various backgrounds who call themselves psychotherapists and / or hypnotherapists may register with the Department of Licensing. If they are licensed, it can be under a number of headings.

6. M.A. or M.S. in Psychology: Not a psychologist. Training in some areas of psychology. Programs not approved by the American Psychological Association.

**Educationally Related Service Providers**

1. School Psychologist: Hold a master’s degree in school psychology and generally works in school or other educational settings. School psychology is a specialized curriculum generally provided in a school of education rather than a graduate school of psychology. School psychologists who work for public school systems frequently spend the majority of their time determining qualification for special education for students.

2. School Counselor: Specialty training leading to a master’s degree in school counseling. Many school counselors at the elementary and middle school level act as effective advocates and facilitators for students with a wide range of problems. Many school counselors are highly practical and very helpful.

3. Educational Therapist: This is another generic term which has no specific training or credential associated with it. A wide variety of people consider themselves to be educational therapists. Check credentials carefully.

4. Tutor: This is another generic category. Tutors can range from agemate helpers to highly qualified professionals with graduate training. Sometimes teachers or substitute teachers act as tutors. The quality of tutoring generally depends upon the expertise of the tutor. Check credentials and expertise in specific areas of tutoring carefully.

5. Educational Consultant: Frequently a private practitioner. Another generic term that has no implied training nor credentials. Check credentials and areas of expertise carefully. The quality of the consultation depends on the knowledge and experience of the consultant.

**Other Professional Service Providers (Licensed)**

1. Speech / Language Pathologist: Speech / Language pathologists hold a master’s degree in various aspects of communication functions. They may specialize in
working with children and / or adults, speech versus language, etc. Speech /
Language pathologists should be certified (CCC-Sp) by the American Speech &
Hearing Association.

2. Physical Therapist: Post-high school education leading to a degree in physical
therapy. Qualified to provide (re)habilitation in mobility, coordination and
balance activities under prescription provided by a physician.

3. Occupational Therapist: Post-high school education leading to an undergraduate
and master’s degree. May work with children or adults who have problems with
independent living skills, fine motor coordination, difficulty in motor planning
and / or execution. Occupational therapists frequently provide very practical
information to facilitate classroom management of children with certain kinds of
disorders.

4. Occupational Therapy / Sensory Integration: Occupational therapists who have
taken specialized training and certification in sensory integration or
neurodevelopmental disorders. Sensory integration relates to disorders in
understanding and interpreting incoming sensory information, body image and
motor planning. Sensory integration therapists work to develop a better
understanding of incoming stimuli from all modalities in order to increase the
child’s skills, confidence, and sense of well being. Not all occupational therapists
have training or certification in sensory integration disorders.

III. Within The Maze: Advice In Seeking Professional Services

1. Do not assume. Ask questions. Write out questions in advance.

2. There are no “foolish questions”. However, you often need some knowledge in
order to know what to ask.

3. Always check the training and experience of your potential service provider
(“PSP”). If your PSP is resistant to answering your questions about his / her
expertise, consider using someone else.

4. Washington State law requires people who call themselves psychologists, social
workers or counselors to be licensed. By law they must tell you about their
philosophy, approach, practices and fees.

5. Professionals with extensive training in developmental disorders such as LD,
ADD/ADHD, ASD, etc., may have expertise in different aspects, depending on
their fields.
6. No one category of professionals has a monopoly on expertise regarding learning disabilities, language disorders or ADD / ADHD. You need to ask any PSP about his / her:
   
a. Training in specific area of concern
b. Training in differential diagnosis
c. Practice regarding children/adults with that specific disorder
d. Approach / theoretical methods
e. Diagnostic / therapeutic methods
f. Track records for success

7. Talk to other parents about PSP’s and approaches. Anything that sounds outrageous probably is. Be cautious about fads and miracle cures.

8. Not all professionals “believe in” ADD / ADHD

9. You and your PSP need to work together. Be sure that you can trust, work with and feel comfortable with your PSP’s personality, approach and knowledge.

10. You can not solve a problem if you do not know what it is: ASSESSMENT IS NECESSARY BEFORE TREATMENT.

11. Not all professionals are trained to provide assessment. Many good therapists are not competent to assess. Find out in advance.

12. Prioritize what you want to know. Make a list.

13. Make a list of four or five questions you want answered in an evaluation. Talk to your PSP and find out if he / she is:
   
a. Able to answer your questions and if so, how
b. Recommending you see someone else instead
c. Recommending some restructuring of your questions in order to be more useful

14. Write your concerns in BEHAVIORAL terms. Try not to be your own diagnostician.

15. Write a sequential chronology of important events and information about your child. Make multiple copies so that you can always send one to any diagnostician in advance. It may save you time and money. Outlines and brief highlights are preferred and more commonly used. Pertinent information may include:
16. Most competent professionals will not do “blind evaluation”. It helps us to know about your past experiences. However, if you have a problem with a previous report, write a brief explanation of why.

17. Professionals sell their time for a living. Expect to pay for that time. Most busy professionals only give 5 to 10 minutes of free time to answer prospective client’s questions. Expect to share some basic information with the assistant or to pay for the professional’s time.

18. In an interview, clarify the agenda. Sometimes it is not a good use of time and money for you to tell your service provider the reason that your child has problems. If you want a professional consultation, be willing to listen to what the professional has to say.

19. Competent professionals
   a. Respect your knowledge of your child
   b. “Re-package” what you know about your child to make it more
meaningful as they share evaluation results

20. Do not pretend that you agree or understand if you do not. If you need thinking time, clarifications or other alternatives, indicate such. Make another appointment if necessary.

21. It is frequently hard to listen to results, take notes, understand and remember when it is your child, your fears and your hopes are being discussed.

22. Following completion of the evaluation, you should receive a written report that documents the information from the final interview in a readable fashion.

23. Information from the evaluation should translate into a clear, meaningful set of recommendations. Be sure that they are clear to you. Seek help in clarifying them or carrying them out as necessary.

24. Following the completion of an evaluation, referral to an appropriate therapist or other service provider may be warranted. The professional providing the assessment will generally help you to locate appropriate therapists or educators who can meet your child’s and family’s needs.

25. The therapist should not need to undertake an additional evaluation. If the therapist has questions about the assessment, your two professionals need to talk and settle those issues. It is generally good practice to go back to the evaluator for clarification when these issues arrive.

26. If you have some concerns about the evaluation report, discuss them with the evaluator first. Recommendations made to you should also be included in the report. The report should contain practical information that will enable you to take the next steps in helping your child. The evaluation report should cover the questions that you discussed with the evaluator (PSP) prior to beginning the evaluation process. If such is not the case, discuss that with the evaluator.

27. Be sure to always sign a release for communication between your various providers. Ask about fees for that communication. Communication between providers should NOT occur in the absences of a signed release.

28. No one has all of the answers. Multiple evaluation professionals may be required. Further, there may be some questions for which there are not answers. Hopefully, we will all learn more about specific developmental disorders in the months and years to come.