CentreMDC

PSYCHOLOGY SERVICES AT MDC

BIO

Harriet Greenstone, MA, OPQ, PhD, is a psychologist and Director of Centre MDC, as well as a psychologist at Club Tiny Tots. She is a sessional lecturer at McGill University and lecturer at Vanier College (Continuing Education), and works with Pearson Canada Assessment, Inc. in the validation and standardization of psychological tests. Harriet is involved in numerous medical and educational committees serving children with special needs. She has a special interest in how breakthroughs in the study of brain plasticity can be used to improve life skills in this population.

Referrals to a Psychologist

The following are examples of cases where referral to a psychologist would be recommended:

- When **2 or more areas** are involved (ex., a child with delays in motor, speech, and cognition).
- When **behaviours +/or emotions** are involved.
- When difficulties in **learning, memory, attention**, etc. are impacting school performance.
- When a child has **social difficulties**.
- When there are **parent +/or family issues**.

Reasons to refer:

DEVELOPMENT – uneven development, or development appears delayed in one or more of the following:

- Communication (verbal or nonverbal – facial expressions, gestures, etc.)
- Motor development
- Play & social interaction
- Imagination (over/under-developed)
- Emotional development
- Emotional regulation
- Attention (over/under-stimulated)
- Delays in academic and/or learning/study skills

Parents might say…

"He seems to live in his own world."

"She can't do the things her older siblings did at the same age."

"The daycare says he can't sit still in circle time and demands a lot of attention."

"She never plays with toys, just bangs them together."

Younger children:

- Delays in or absence of orienting and habituating
- Delays in or absence of joint attention or theory of mind.

Reasons to refer (cont'd)

Parents might say…

ATYPICAL BEHAVIOURS

- Irrational fears (too intense, too many)
- Fearless (no concept of danger)
- Obsessive interests
- Rigid adherence to routines
- Difficulties with transitions
- Atypical eye contact
- Atypical speech

"She seems to hear us, but doesn't look at us."

"He's extremely bright, and knows more about computers than I do, but he can't spell his name."

"She talks a lot, but it's not a conversation. She doesn't respond to questions or comments, just makes statements."

"He can talk on and on about dinosaurs, but he can't answer a simple question about them."

Reasons to refer (cont'd)

Parents might say…

BEHAVIOUR PROBLEMS

- Oppositional
- Non-compliant
- Tantrums/meltdowns
- Aggressive
- Withdrawn/shutdowns
- Under- or over-reacts
- Hyperactive or lethargic
- Different behaviours in different environments
- Impulsive (acts or speaks without thinking)

"He won't follow directions, never listens."

"She'll deliberately do something wrong, then look at us and smile."

"He throws and breaks things, and we're afraid he'll hurt his baby brother."

"We've tried everything … time-outs, rewards, withdrawal of privileges, consequences – but nothing works."

"He'll promise not to do something again but repeats it 5 minutes later … he doesn't seem aware."

Reasons to refer (cont'd)

SOCIAL-EMOTIONAL PROBLEMS

- General anxiety (intolerance to uncertainty, the "what-if's" etc)
- Specific anxiety (school, performance, social, etc.)
- Depression
- Low self-esteem
- Changes in eating and/or sleeping habits
- Frequent somatic complaints without medical pathology
- Difficulties accepting/coping with learning problems, syndromes, or chronic medical conditions

Parents might say…

"She has terrible nightmares."

"He's always afraid something bad is going to happen, like someone will come through the window and kidnap him."

"She pulls her hair out in handfuls."

"He draws things like knives and blood."

"She's Chatty Cathy at home, but won't say a word at daycare."

"He used to love all kinds of sports; now he just stays in his room & plays video games."

"She asks the same questions over and over, like 'Will you pick me up today?'"

"From Sunday night to Friday, he has stomach aches or vomits."

Reasons to refer (cont'd)

REGULATION PROBLEMS

Infants/toddlers

•Excessive crying, feeding, or sleeping disturbances

•Can't self-soothe (over 3-4 mos.)

•Perseverate errors (over 8-12 mos.) – i.e., persisting in a behaviour that's clearly not working for them. Ex., the "A-not-B error."

Preschoolers

•Aggressive behaviours (hitting, biting, scratching)

•Frequent emotional outbursts, temper tantrums, even excessive laughter/ crying

•Can't handle changes in routine

•Distractible, can't sustain attention

Reasons to refer (cont'd)

REGULATION PROBLEMS
cont'd

School-aged children:

•Executive dysfunction – i.e. difficulties with …
- Inhibition
- Initiation
- Working memory
- Organization of materials
- Cognitive shift
- Emotional control
- Planning/organizing
- Monitor

•Impulse control

•Atypical patterns of eating or sleeping

Parents might say…

"He can't stay in line at school and constantly interrupts others."

"Her world is black and white; there are no greys."

"His mood changes in seconds. We're always afraid we're going to 'wake up the dragon.' "

"Her room, her schoolbag, her locker – they're all a mess. She loses everything."

"He acts out and then regrets it."

"She just can't get started on anything."

Reasons to refer (cont'd)

SOCIAL PROBLEMS

- Shy/awkward with strangers
- Overly "in your face," personal, doesn't recognize personal space/boundaries
- Can't give and/or interpret nonverbal signals
- Difficulties sharing, taking turns
- Always has to be the boss, everything has to be their way
- Always has to be first
- Can't handle competition, or can't tolerate losing
- Can't or won't play by the rules
- Bullying (victim or perpetrator)

Parents might say…

"She only wants to play with younger children."

"He's never invited to birthday parties."

"She makes friends easily, but can't keep them."

"He says nobody likes him at school and the teachers are 'always yelling at him' for no reason."

"She can't tell when someone's joking, and she gets upset."

Reasons to refer (cont'd)

PARENTS / FAMILIES

- Parent(s) seem anxious, frustrated, or angry, unable to cope
- Extreme sibling difficulties
- Families of children with medical and/ or psychological needs or disabilities
- Children/siblings with difficulties coping with special needs/disabilities
- Parents divorced (or divorcing)
  - *Note re HG: Not custody evaluations, but how to make it work best.*

Parents might say…

"I don't know what to do."

"Sometimes I feel like I hate my child."

"I'm giving up."

"My whole family is suffering. It's like we're walking on eggshells all the time."

Psychological Services:

ASSESSMENT

A good assessment is key to a good treatment plan.

Seeking psychological treatment without an assessment is like seeking medical treatment for a symptom, like fever or pain, without diagnosing its cause.

(See handout for examples of syndromes that can look differently in different individuals, and symptoms that can look the same but be caused by different syndromes).

Psycho-Educational Evaluation - specific evaluations for …

- ADHD or LDs
- Autism Spectrum Disorders
- Social-Emotional Disorders

Psychological Services (cont'd.):

ASSESSMENT (cont'd.)

Evaluations have the following components:

- Behavioural ratings forms
- Parent, Teacher, and Self-Reports (where age appropriate)
- Observation (children under 6 yrs) – daycare/school and family observation
- Formal assessment - including but not limited to measures of…
    - Intelligence
    - Neuropsychological skills
    - Attention
    - Memory
    - Executive functioning
    - Academic achievement

Psychological Services (cont'd.):

TREATMENT

Psychologists provide a wide range of services. The following are some of the psychological services offered by Harriet Greenstone:

- **Cognitive-Behavioural Therapy** (ex., relaxation techniques, goal setting, assertiveness training, refuting irrational thoughts, changing negatives to positives, learning to cope with one's profile/disabilities.)
- **Anger Management** (recognizing and changing cognitive distortions – ex., global blaming and catastrophizing – and developing strategies).
- **Collaborative Problem Solving** (identifying and resolving problems through the collaborative efforts of the child and his/her parents and/or teachers)
- **CogniRoutes** (program designed by Harriet Greenstone to increase attention and memory, work on joint attention and splitting attention, executive function skills, etc.)

Psychological Services (cont'd.):

TREATMENT (cont'd)

•**Narrative Therapy** (a form of psychotherapy involving telling and writing one's stories, then rewriting or retelling)

•**Bibliotherapy** (reading as a springboard for discussion)

•**Family Therapy** (using a systemic approach to helping the family interact and resolve issues)

•**Parent Education & Support**

Individual sessions /group workshops addressing such issues as…

- Behaviour management techniques
- Fostering self-esteem
- Collaborative problem-solving
- Parenting styles / children's temperaments
- Executive function / emotional regulation

Psychological Services (cont'd.):

CASE MANAGEMENT

- Observation and team meetings with daycares/schools
- Coordinating schools/medical/other therapies/tutors/social services
- Medication efficacy (evaluating the effects of medications in collaboration with the physician - ex., effects of a change in dosage or change of medications, comparison of placebos to medication, etc.)
- Specific issues (unless primary issue is better served by the physician or other therapists).