

Camille Acquatella

Mr. Speice

Independent Study Mentorship

19 April 2019

Behavioral Observation

Assessment 19- Mentor Visit Assessment

Mentor: Dr. Karen Falla

Profession: Neuropsychologist

Location: Neuropsychology Consultants

Date: 4/11/19

Time: 1:00 pm- 3:00 pm

Assessment:

In this mentor visit, Dr. Falla had emailed me that she wanted me to do a behavioral observation on one of her new patients. This was extremely exciting to hear because I had only done one of these before and was really looking forward to the next opportunity to do one. In this visit, Dr. Falla entrusted me to write notes based on the behaviors displayed by the patient as well as ask them certain questions that could reveal underlying mental disorders. This definitely gave me hands on experience because I was able to use all the learning from this year and apply it on a real life patient in a real clinical situation.

Dr. Falla had given me some of the patient's parent reports and background on what the main concerns were; the patient reportedly struggled with attention, slight learning disabilities,

hyperactivity, and executive functioning skills. During the session, play therapy was used as a way to communicate with the patient while still conducting a behavioral observation. I used the knowledge from my original work on play therapy and asked them to draw and model certain situations with chalk. During the drawing portion of the session, the patient seemed like a normal six year old and was able to communicate effectively in response to the questions. Some observations I made were that they used both hands to draw which could indicate some sort of learning disability due to lack of dominance in one hand. I learned that even the most miniscule behaviors are essential to reaching a diagnosis, something as small as hand gestures can indicate underlying information. I also noticed that the patient got easily bored or distracted and would move on from activities relatively quickly. This observation could indicate symptoms of Attention Deficit Hyperactivity Disorder (ADHD). Some other signs of ADHD that were observed is the patient moved around often and was unable to sit still for more than three minutes at a time. The patient showed extreme signs of hyperactivity such as doing cartwheels and head stands in between tasks and we would often have to redirect the patient and remind them to complete or finish certain tasks. Observing the patient really gave me a good outlook on what ADHD patients look like and behave and I can use this information for future reference on how to identify certain behaviors.

As for the comprehensive aspect of the behavioral observation, the patient was unable to write her last name which is typical for six year olds. However, the patient was unable to count and write past the number ten, which could indicate potential learning disabilities. Another sign of a learning disability was the patient wrote the alphabet correctly, however, each letter was a different case. It is important to focus on details like this to track their learning and compare to

typical children of that age. Learning and comprehension plays a huge role in the development of a child and a slight delay could indicate different underlying disorders.

With this experience I now understand how a behavioral observation is conducted. It is essential to ask questions based on the concerns the child presents. In this case, the child reportedly struggled from learning difficulties and hyperactivity. Therefore, it is important to ask questions and play games that could reveal these issues and record how they behave in respect to them.

Mentor Visit Notes

The notes that I took for Dr. Falla during the behavioral observation were given to her as a resource to use to diagnose the patient.