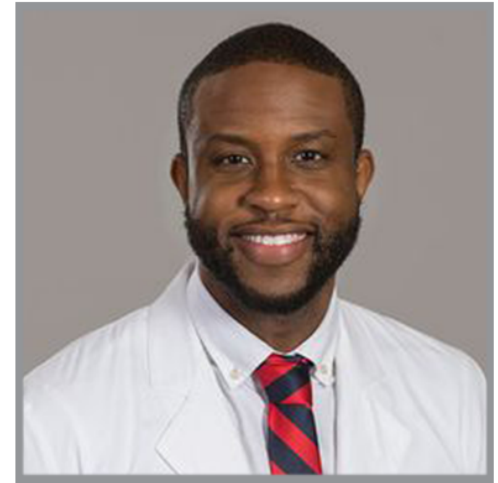


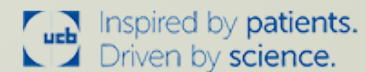
MANAGING TREATMENT & TAND SPECIALISTS



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TAND Q&A

(With a little information on cognitive and psychiatric sequelae)

Billy D. Holcombe, Ph.D.

Assistant Professor, Department of Pediatrics
Pediatric Neuropsychologist, Neuroscience Institute
UTHSC/Le Bonheur Children's Hospital



Presentation Objectives

- Provide an overview of TSC and its impact on multiple systems
- Provide definitions for neuropsychology and a neuropsychology
- Discuss strategical approaches to managing cognitive issues
- Apply learned concepts to a sample case

Disclosure Statement

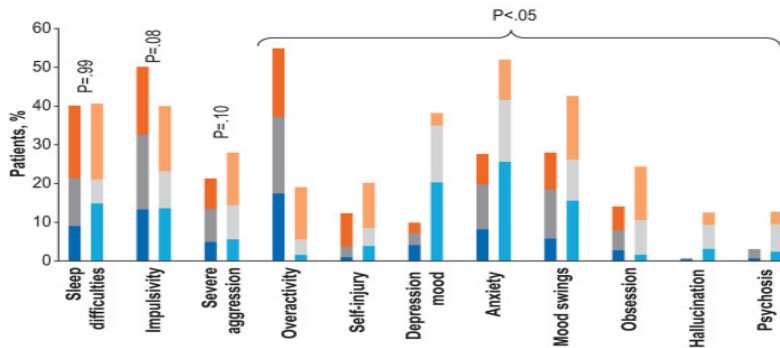
I have no financial interest or affiliation concerning material discussed in this presentation.

TSC Sequelae

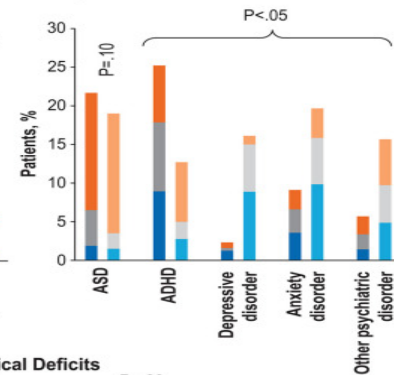
- Neurologic
- Nephrological
- Cardiac
- Dermatologic
- Dental
- Psychiatric
- Developmental/Cognitive

TSC & Psychiatric Comorbidities

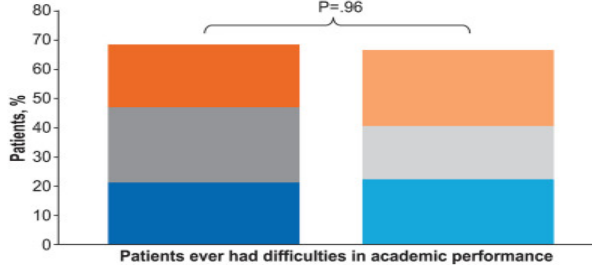
A Behavioural Difficulties



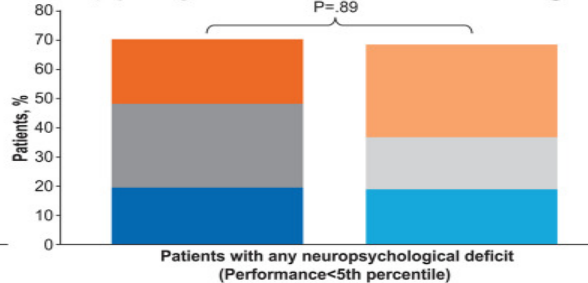
B Psychiatric Disorders



C Academic Difficulties



D Neuropsychological Deficits



Children NoID MID M-PID
 Adults NoID MID M-PID

Neuropsychology

- American Academy of Clinical Neuropsychology (AACN, 2020)
 - Subspecialty within clinical psychology
 - Emphasis placed on brain-behavior relationships and how these relationships inform our understanding of neurologic issues, cognitive and behavioral functioning, and the treatment of neurologic, cognitive, and behavioral issues
- Stringer (2011)
 - Science that studies brain-behavior relationships; focuses on lateralizing and localizing cognitive, emotional, and behavioral issues, brain development, aging, and neuroplasticity
 - Multiple “players” in the science (e.g., animals, humans)

Neuropsychologist

- General consensus among organizations and professional boards
 - Ph.D. or Psy.D. from accredited university
 - Clinical residency
 - Minimum two-year specialized fellowship with foci in neuroanatomy, development, and other areas (e.g., cardiology, genetics, infectious disease)
 - State licensure to practice independently
 - Board certification*

Clinical Utility of Evaluations

- Helpful when establishing developmental (or cognitive) baseline
- Reevaluations help inform our understanding of a patient's response to treatment (e.g., anti-epileptics, neurosurgery, SSRIs, antipsychotics), school interventions, therapies (e.g., rehabilitative, psychotherapy); compare to self
- Provide assistance with post-secondary education decisions, guardianship/conservatorship, vocational training, SSI, and out-of-home placement
- Being “understood”

Parent Game Plan

- Request initial neurodevelopmental/neuropsychological testing as soon as possible; reevaluations **are** clinically indicated
- Request consideration for a 504 Plan or an IEP as soon as concerns arise; neuropsychological involvement is **not** a requirement
- Request psychoeducational testing through school district
- Become familiar with your rights and your child's rights (Wrightslaw Special Education Law and Advocacy, educational advocate/attorney)
- Become familiar with services that are available in your area (e.g., parent support groups, vocational rehabilitation, The Arc, Special Olympics)
- Attend all medical and rehabilitative service appointments
- ASK QUESTIONS 😊

Real-Life Example

- Jason is a 20-year-old male living with TSC, epilepsy, and psychogenic non-epileptic events (PNEEs). There is suspicion for in utero teratogen exposure. His psychiatric history is remarkable for bipolar disorder and ADHD. He experienced physical abuse while in his biological parent's care. Concerns were reported with his adaptive functioning.
 - Multiple considerations
 - Teratogens
 - Genetic factors
 - TSC
 - Epileptogenic zone vs. diffuse involvement
 - Environmental influences
 - Psychiatric contributions

QUESTIONS

Please ask away!!!

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