



Topical and Emerging Professional Issues in Pediatric Neuropsychology

Andrew S. Davis¹ · Cecil R. Reynolds²

Received: 14 May 2018 / Published online: 23 May 2018
© American Academy of Pediatric Neuropsychology 2018

Pediatric neuropsychology has been practiced for decades but is a relatively new specialty when viewed as distinct from adult/geriatric neuropsychology. This emergent discipline draws from other fields including pediatric neurology, pediatric psychology, school psychology, and pediatric psychiatry. This blend of knowledge results in pediatric neuropsychologists being ideally suited for diagnostic applications related to developing brain-behavior relationships and to design and apply rehabilitative services with children with neurodevelopmental difficulties and assist them to overcome any deficits through the use of strength-based interventions. Being a relatively new specialty, however, brings with it unique challenges. This primarily arises from the diverse array of competencies that pediatric neuropsychologists should possess, as well as their interactions with a myriad of systems. For example, pediatric neuropsychologists work with an array of other health care professionals, including neurologists, neurosurgeons, psychiatrists, attorneys, occupational and physical therapists, child psychologists, physiatrists, and educational personnel. To be effective, pediatric neuropsychologists must be well versed in areas with which they overlap with these other professionals. Emerging professional issues that affect other psychologists, health care providers, and educational personnel also influence the field of pediatric neuropsychology. This includes rapid changes in technology that are moving forward at such a rate that professionals are unsure about integrating these changes into their current practice and training methods.

Laws and ethical issues that affect the practice of clinical psychology need to be monitored by pediatric neuropsychologists (e.g., the American Psychological Association's ethical

code, changing health care reimbursement rules, and the Health Insurance Portability and Accountability Act [HIPAA; United States 2004]). Given they also work with children in schools, pediatric neuropsychologists must also be aware of the Family Educational Records and Privacy Act (FERPA) 34 C.F.R. § Part 99, Individuals with Disabilities Education Act 34 C.F.R. Part 300 (IDEA 2004), and Section 504 of the Rehabilitation Act 45 C.F.R. Part 104 (1996) and the morass of regulations accompanying all such laws. Evolving technologies, including the almost ubiquitous presence of social media, are raising questions about how pediatric neuropsychologists should apply these ethical codes and laws.

This special issue reviews these emerging and topical professional issues facing the field of pediatric neuropsychology. Each article highlights how these matters affect pediatric neuropsychology as well as how the specialty should respond. Challenges are reviewed in regard to supervision, training, and patient interaction. Readers will find these topical issues summarize these theses, identify strengths and weaknesses of current practice, and provide suggested guidelines how pediatric neuropsychologists can work with other professionals, children, families, and the community to make improvements.

The first manuscript, *Ethical Issues and Solutions in Pediatric Neuropsychological Assessment* by Bush and Pimental (this issue), discusses ethical concerns faced by pediatric neuropsychologists during the assessment process. Recommendations for addressing complex practice issues such as the involvement of others in the assessment practice aside from the patient are reviewed. Newer and experienced practitioners will benefit from their discussion of ethical issues in family court issues including divorce decrees, parenting plans, and reporting child maltreatment. Strategies are elucidated for handling complex ethical situations using an ethical problem-solving model. Critical issues are discussed such as the presence of a third party observer, confidentiality, test security, and release of raw data, records, fees, and how to handle conflicts between laws and ethics.

✉ Andrew S. Davis
davis@bsu.edu

¹ Ball State University, Muncie, IN, USA

² Texas A&M University, College Station, TX, USA

There has been a dramatic increase in social networking and texting in professional settings in recent years, including in the practice of neuropsychology and in applied psychology training programs. The use of this emerging technology, however, raises ethical and legal concerns in day-to-day practice. Another issue to consider is the use of social media by pediatric neuropsychologists for personal use that may be found by patients. Additionally, pediatric neuropsychologists can access information about their patients and their families through social networking sites. These ethical and legal issues may not be covered by training program policies. These, and other emerging issues, are addressed by Pham, Goforth, Segool, and Newman (this issue) in the manuscript, *Challenges of Emerging Technology: Social Networking and Texting in Pediatric Neuropsychology Practice*. The authors provide a problem-solving model pediatric neuropsychologists can use when ethical issues regarding technology arise. Some providers may not have fully considered how emerging technology can affect their practice, and Pham et al. provide information on how texting and social networking affects professional relationships and personal boundaries. Practical information is provided such as setting up professional sites. Trainers and field supervisors will also benefit from the process elucidated by Pham et al. in regard to ethical issues that can arise when working with students, interns, and post-docs via social networking and digital communications. Of particular utility to trainers are suggestions that can be implemented in the classroom to discuss these important issues.

One of the primary practice differences between pediatric neuropsychologists and adult/geriatric neuropsychologists is that many of the former's patients spend a large amount of their time in schools. This necessitates that pediatric neuropsychologists work with educators and school psychologists to advocate for their patients and therefore must be familiar with school-based practice and the legal and ethical issues present in working with school children. These issues are explored in the next two articles in the special issue. The first is by Pierson, Callan, and Pierson (this issue) and in their manuscript, *An Overview of Special Education Law, 504, FERPA, and Issues Relevant for Pediatric Neuropsychologists*, they guide pediatric neuropsychologists through these complex issues. One of the most useful components of this manuscript for readers who are somewhat unfamiliar with FERPA is a side-by-side comparison table of HIPAA and FERPA. Even experienced practitioners will benefit from the practical guidance provided by Pierson et al., including issues such as the transition of HIPAA to FERPA records and special education eligibility. Additional useful comparison tables are provided showing the differences between eligibility and identification models for specific learning disabilities (SLD) in schools and neuropsychological practice. This is supplemented with a discussion of different SLD identification models.

A frequent complaint of school psychologists is that pediatric neuropsychological assessments are not useful or written in a user-friendly fashion for school personnel. This issue is addressed in the next article that focuses on professional topics for working with school-aged children in Moore, Rainey, Daniel, and Sander (this issue)'s *Consulting with Schools and School Psychologists: What Pediatric Neuropsychologists Need to Know*. This article offers valuable advice and guidelines for pediatric neuropsychologists to participate more effectively in the special education process for their patients. Consultation with schools is discussed with practical issues laid out that can interfere with effective service delivery. Differences between working with medical providers as referral sources and communicating results to schools are discussed. Three brief case studies are provided which demonstrate the approach laid out by the authors.

The fifth and final article in this special issue, *Estimation of Premorbid Functioning in Pediatric Neuropsychology: Review and Recommendations* by Davis, Bernat, and Reynolds (this issue), addresses an important practice issue which is less well established in the pediatric literature. One of the most important components of conducting a neuropsychological evaluation of a child who has an acquired injury is to determine their level of premorbid functioning, so the degree of decline can be estimated. This is notably more difficult in children when compared to adults given that most techniques used in an adult/geriatric neuropsychological assessment rest upon the assumption that neurodevelopment is mostly complete. This is obviously not the case for children. This article reviews the scant literature on this topic and offers recommendations for practice.

Although several important professional topics are discussed in this special issue, there are many others that need additional consideration in the future. Examples of additional topics include current topics and issues in doctoral training and board certification for pediatric neuropsychologists, recent advances in symptom validity testing, emerging issues and solutions in billing and coding, and continued work on solutions for multicultural competency. Interested authors in these and other professional topics are encouraged to submit manuscripts to the *Journal of Pediatric Neuropsychology*. Submissions should be made electronically following the instructions for authors found on the journal homepage (<http://www.springer.com/psychology/neuropsychology/journal/40817>).

Compliance with Ethical Standards

This article does not contain any studies with human participants or animals performed by the authors.

Conflict of Interest The authors declare that they have no conflict of interest.

References

- (2004) Individuals with Disabilities Education Act, 20 U.S.C. § 1400
The Family Educational Rights and Privacy Act (FERPA) n.d. (20 U.S.C.
§ 1232g; 34 CFR)
- Section 504 of the Rehabilitation Act of 1973, 34 C.F.R. Part 104.
United States (2004) The health insurance portability and accountability
act (HIPAA). Washington, D.C.: U.S. Dept. of Labor, Employee
Benefits Security Administration.