Treatment Protocol – Gray Neuropsychology Associates, P.C.

Philosophy: To empower parents/primary caregivers to understand the personality and neuropsychologic (NP) nuances of their children, such that I can facilitate decision-making and parenting skills in a non-dogmatic fashion. I do not believe in force-feeding broccoli down George Bush, Sr's throat, if George doesn't care for broccoli.

Description of Processes:

Intake/Admission: We use a 10 page intake form for each child, frequently followed by a thorough battery of NP tests to identify whatever underlying root causes exist (e.g., RAD, Bipolar, ADHD, etc), so as to aid parents and other treating professionals best help the young person.

Assessment: My motto is "Nothing is wasted." Hence, information we obtain consists of social history, medical records, past medications, previous psychological reports, school background, clinical interview, and NP test data. Bring it on. The more information I have on a youngster the happier I am!

Treatment Planning: Once I have performed a thorough assessment on a child, I ask the parents to visit with me regarding the findings, and treatment options. I have worked very hard during my 25 year career to translate pedantic psychobabble into plain English for parents. I then slowly walk them through the various pros and cons of each possible intervention suggested by the comprehensive evaluation of their child. The average parent feedback session averages 3 hours in duration. Again, no force-feeding. Parents are my allies, and I am theirs. Once the child's parents have weighed in on their treatment preferences, we then present these to the youngster for his/her consideration. Based on the young person's input, we then tweak the overall plan. We do not force treatment, of any sort, upon any child.

Treatment Techniques Used: I do not perform attachment/bonding therapy. Most of our referrals come from other therapists. Therefore, my treatment interventions are comprised of: 1) offering second opinions, 2) parent consultation, 3) NP examinations; and 4) EEG Neurofeedback (where indicated, and in conjunction with the psychotherapist of record).

Safety/Risk Management Plan: We treat the child and parents with kindness and respect and are fully non-confrontational. Ours is a relaxed atmosphere, or so we have been told. At any rate, before treatment is performed, we inform the parents and child of potential risks. Additionally, prior to instigating treatment, we dialogue with the youngster about what he or she can expect. Treatment is never instituted until I am satisfied that the youth is comfortable with what we are doing and why we are doing it. As a result, instances of treatment refusal are minimal. With parents, we employ an informed consent form, offer detailed and lengthy explanations of treatment protocols, and allow ample opportunities for them to have their questions asked and answered. As for physical risk management, we have a fully stocked snack room with bottled water and eats (e.g., in a case of Diabetic complications, etc). We also possess a fire extinguisher for any applicable situations.

Evaluation/Outcomes/Follow-up: A goodly portion of the kiddoes we see are evaluated and tracked clinically from early childhood, to pre-adolescence, then mid-adolescence, and into late adolescence/early adulthood. Most of the outcome feedback we get is obtained longitudinally in this fashion by talking with parents and other long-term treating professionals. We also in the past have conducted research on some of our youth via the University of North Texas.

Respectfully submitted,
Steven G. Gray, Ph.D.
Diplomate, American Board of Pediatric Neuropsychology
Clinical Assistant Professor, The University of Texas Southwestern Medical Center