EXPLANATION of SERVICES

INITIAL EVALUATION PACKAGE

Initial Evaluation

The initial evaluation is scheduled for 2 hours, but may take as long as 2 ½ or 3 hours depending on the complexity of the situation. There is always at least one trained clinician with the family/group. For cases involving very young children, nonverbal individuals, or persons diagnosed with conduct disorders, an additional clinician will be available, as needed. The evaluation (employing the Learning Foundations Inventory[1]) is a comprehensive and sensitive assessment, involving interactive tasks, specific neuro-developmental tests, intensive interviewing of parents and other caregivers, viewing of any materials brought that demonstrate the client's hobbies/talents, etc.
Among the functions and intersystemic interactions considered are:

◊ Olfaction and gustation
◊ Tactility and kinesthesia
◊ Vestibular functions (balance, proprioception, muscle tone, hearing, and visual tracking)
◊ Visual functions (including visual tracking, convergence, accommodations and specific light sensitivity)
◊ Oral motor functions
◊ Attentional priorities
◊ Reflex inhibition and differentiation of movement/response
◊ Lateralization
◊ Midline crossing and interhemispheric integration
◊ Auditory processing (sequence, syntax, meaning)
◊ receptive and expressive language skills
◊ visual discrimination and memory
◊ visual-motor integration
◊ rhythm
◊ visual-spatial processing
◊ temporal-spatial organization

Special health problems are taken into account, as is nutritional information, and pertinent details of the developmental history.

After the assessment procedure, which may include a few short breaks for comfort, the client and caregivers may leave the clinic.

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[1] The Learning Foundations Inventory (LFI) and the treatment methods that it yields (Gentle Enhancement®) were developed by Judith Bluestone, the founder of The HANDLE® Institute. They began to be published and taught in the United States in February 1994. Prior to that time, Evergreen Hospital Head Injury Re-Entry Center in Kirkland, Washington, recognized the value of this assessment device and ensuing treatment recommendations in dealing with adults with closed head injuries. Numerous other institutions both here and abroad accepted the LFI as a valued assessment device for various developmental and acquired disorders of learning and behavior. However, the LFI (which has been applied to over 6000 individuals as of January 2005 and continues to increase rapidly) does not yet have wide recognition other than among those who are aware of the work of The HANDLE Institute.

Case Analysis, profiling, Individualized Program Design
A clinic team reviews the tapes and clinician's notes. A profile of the client's weak, strong irregular, poorly integrated functions and sub-systems is mapped out and supported by a listing of the evidence for each area deemed significant in this situation. From this amassed information, and considering the interests of the client as well as the family/group dynamics, an **individualized therapeutic plan** is designed for implementation at home, daycare center, etc. The clinic team relates each faulty system to the primary and secondary referral concerns, and gathers charts and/or handouts that will be helpful to the family/group in understanding the situation. The clinician also gathers virtually all the materials the family/group will need to implement the program at home.

Presentation of Findings and Recommendations
The group reconvenes (either after two to three hours, or the next day), for a **presentation of the findings** of the assessment. The clinician presents the mapping mentioned above. We prefer that the client remain in the room for the discussion, since even on a peripheral level some understanding of the reasons for difficulty and the methods of treatment will be internalized. HANDLE holds that client involvement is significant to achieve the best results. In the event that the client is unable to remain interested or independently occupied during this discussion, the family is responsible for arranging appropriate supervision.

After explaining the profile, the clinician will then explain how particular activities and/or nutritional supplementation can enhance development of the weak or irregular systems. Then the clinician guides the family/group through the activities, involving the client. During this time the clinician will fine-tune the activities and establish a baseline for beginning the activities. The clinician will also guide the family/group in how to slowly increase the amount of each activity performed. Both client and caregiver may be asked to move through the activities, so the caregiver learns when and how to assist.

During the session, and again at the end, the family/group is encouraged to ask questions regarding the results, how they relate to the referral concerns, and how the suggested activities will help achieve the desired goals.

Infrequently, recommendations may be made for additional special testing (glucose tolerance for suspected hypoglycemia, visual functions for extreme cases, etc.) The family/group may also receive recommendations for temporary compensatory techniques in the environment, teaching methods, etc..

Activity Checks
Within four to ten days after the presentation of findings, the client and at least one caregiver return to the clinic for an **activity check**, to demonstrate how they are doing on the home implementation program. At this time the clinician will provide further fine-tuning of the activities. Some additional activities may be recommended, as well. In the event that clients cannot return to the clinic within two weeks of the presentation of results, they may send in a videotape of themselves performing all of the suggested activities. The clinician will review the tape and respond by telephone immediately if there are any major procedural corrections. If immediate response is not required, the clinician will strive to send commentary within one week of receiving the client tape. In most instances a videotaped response will be sent in addition to email or phone conversation.

Program Reviews
Program reviews will be scheduled approximately every 4-6 weeks, (or sooner depending on the complexity of the case) for a period of 6 months. At the completion of the 6-month program, clinicians will recommend any further follow-up procedures, if necessary, and approximate time frame in which they might best occur.

Telephone/E-mail Consultation
We encourage all clients to call or e-mail for consultation as questions arise. Generally answering these questions requires an additional quarter hour per week from the clinician. If certain issues require more time, there is no additional charge, unless the clinician begins to feel overburdened. At that point we reserve the right to charge an

additional fee for telephone or e-mail consultations, after first advising the client/family of the fees and gaining their approval.

ADDITIONAL SERVICES

Therapy Sessions

In the event that the client and family/group require more support, we can offer weekly **therapy sessions** or **bi-monthly diagnostic therapy** sessions. We may also form support groups for specific issues. Fees for these services are available through the Institute office.

Report

In order to keep our services affordable, and since most clients do not benefit from a formal **written report**, this is not included in the fees for direct client services. The additional fee for written reports is listed in the Fee Schedule. All sessions are videotaped, and the caregiver receives a copy of each tape as a means of documentation of the services and recommendations.

Follow-up Evaluation

We may recommend a **follow-up evaluation**, or a family may request one. When this is deemed necessary, *it normally occurs from 8 – 12 months after the initial evaluation process*. At this time, we usually address higher-level functions that were not dealt with initially, because of their reliance on lower level systems that were weak or irregular. By this time the family/group goals may have shifted to include greater aspirations. HANDLE can help attain those goals.

Prior to the follow-up evaluation, the clinician requires approximately one hour to review segments of the initial videotapes, the mapping, and other related materials from the client file. The follow-up evaluation generally requires three hours of interactive time in the clinic. Again, depending on the situation, this may require either one or two clinicians to appropriately engage both the client and the caregivers. The session will include a reassessment of those areas initially found weak, intensive interviewing on many details of program implementation, of behavioral shifts, etc. We appreciate the client bringing any materials reflective of these shifts to share with the clinician.

Approximately one to two weeks after the follow-up evaluation, the client returns for an **activity check**. The procedure is similar to that during the initial activity check.

Screening Sessions or Assessment with Presentation of Findings

Some families are uncertain if the behaviors they are seeing are based on neurodevelopmental irregularities and would respond to HANDLE therapies. For those clients whose concerns are mild to moderate learning or attentional challenges, a **HANDLE Screening** can identify if neurodevelopmental systems are affected and offer a few recommendations for amelioration of the perplexing behaviors. For clients whose conditions are more severe, an **assessment and presentation of findings** can be arranged to determine if the areas of dysfunction are ones that most probably would respond positively to HANDLE therapies. If client families wish to arrange for full assessments shortly after the Screening or the Assessment and Presentation of Findings, most of the fees for these preliminary sessions will be credited to the costs of the entire Evaluation and 6-month Program.