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Dr. Laura Rubin, a pediatric neuropsychologist, recently opened the Portsmouth Neuropsychology Center on The Hill.
Photo by Michael McCord

New doc on the block

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PORTSMOUTH -- A glimpse of national news and culture seems to indicate that few places are as stressful as an American high school.

The current school year has seen five fatal shootings in five weeks. Even without those tragedies, the post-Columbine world can sometimes appear as a tangle of mean-girl tribalism, cutthroat competitiveness, with no child left behind and few left unmedicated -- an age of anxiety.

There is no one solution, but it is clear that spotting potential problems as early as possible is one way parents and teachers can mitigate learning and social dysfunctions. To that end, Dr. Laura Rubin opened the Portsmouth Neuropsychology Center last spring.

Talking Shop spoke with Rubin recently about her role in helping children and parents to identify and manage learning and social disabilities.

Talking Shop: Please tell us about your business.

Dr. Laura Rubin: Here at the Portsmouth Neuropsychology Center, I provide comprehensive evaluations for children, adolescents and young adults. I see children that have problems such as learning disorders, attention difficulties or social behavioral problems that are impacting school and functioning at home as well.

TS: Do kids today face more hurdles to developing social skills in school than they did 25 years ago?

LR: I think there are more demands on children today coming from a number of sources, whether in school settings (bullying), and in families there is much more discord, so there are many more pressures today.

TS: Tell us about your process for working with children.

LR: Typically, a parent has some kind of gut feeling that there's something wrong, and then they get the attention of their pediatrician or one of the teachers and they would come to my office, where I try to ascertain the nature of the difficulty. It's quite common if you have learning problems, you may also have things like depression, anxiety and low self-esteem.

So typically, I interview parents, get details and background, and then I meet with the child for a couple of sessions (an evaluation usually takes two or three, 2½-hour sessions).

One aspect that differentiates my work is that I do in-school observations, to really get a sense of how a child is with his or her peers and to get a larger focused assessment of their skills.

After the results are completed, I generate a comprehensive report with individualized recommendations for the child and meet with the family for a feedback session.

I also provide the child with their own feedback session. It's helpful for them to know how their brain works, and what their strengths and weaknesses are.

TS: There has been a dramatic increase in the number of students prescribed medications such as Ritalin and Adderall to treat attention deficit hyperactivity disorder -- are today's kids overly medicated?

LR: That's an interesting question. I think part of that goes to the issue of diagnosis itself. Take the example of attention deficit hyperactivity, or ADHD. Children can have difficulties for a number of different reasons, and that's why it's important to get them evaluated properly, because children who are traumatized frequently show inattention.

It's important to know if that inattention is due to a trauma that's occurred, or is it related to an underlying brain-based process that could impact learning.

LR: I think one positive trend is the growing recognition that it is important to identify some of these issues earlier on. I think parents have a new level of sophistication about the need to have children evaluated so they can proceed with the appropriate intervention.

My general feeling these days about families and children is that there are higher levels of anxiety, which I find both in doing neuropsychology evaluations, as well as in psychotherapy. There's anxiety about what a child's future will be, as well as a real concern about how they are doing in school.

TS: Recent culture such as the movie "Mean Girls" suggests that the level of meanness among girls is increasing. Do you find this to be true in working with schools?

LR: I was just reading a piece in the New York Times Magazine that talked about aggression in girls compared to boys. I was struck by the finding that girls demonstrate aggression differently; it tends to be more verbal in nature, rather than overt and physical.

TS: How has your practice developed since your March opening?

LR: When I opened up the doors, I was really happy about the level of business. I've been really welcomed by the community, and a big part of my strategy is to network with a lot of professionals, pediatricians, neurologists, psychiatrists and teachers; I call them, meet for lunch, learn about their businesses and tell them about mine. I have also given talks in the community -- there's a mother's group that I'm a part of -- about child development, and I have brochures that I send out and I work with the schools.

TS: Are there simple things parents can do for their children early on to prevent social and learning problems in school?

LR: One strategy that is helpful is reading to your children frequently. That can help instill a lot of reading knowledge and help in the language learning process, and reading helps develop the attachment relationship -- children want to feel loved -- and I think reading as parents helps instill that. I have a 17-month-old daughter, and I love to read, so I started very early.

AT A GLANCE

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