

Dr. Tara Sanderson [00:00:00]:

Hello, and welcome back, everybody. Thank you for joining me. We are going to be talking today with Dr. Lauren Pasqua. Dr. Pasqua is a licensed psychologist who is the executive director and founder of her own company, Connections Child & Family Center. This is a growing practice with postdoctoral residents, practicum students, and with a specialty in doing assessment. And I am super excited to have you here today talking about assessment with us.

Dr. Lauren Pasqua [00:00:25]:

I'm excited to be here. Thanks so much for having me.

Dr. Tara Sanderson [00:00:28]:

Absolutely. So here's my guest question for today: when you attend a potluck dinner or buffet, what items do you gravitate toward?

Dr. Lauren Pasqua [00:00:36]:

Oh, I love appetizers for sure. So all the dips and the snacks, all the umami tastes. Those are my favorite.

Dr. Tara Sanderson [00:00:43]:

Yes. And I love that there are lots of little bites, so you get just an, an offering of everything. It's not like you're committing to one big serving of something.

Dr. Lauren Pasqua [00:00:53]:

Totally. The problem is I, I usually over do it. And then I don't- I'm not as hungry for everything else.

Dr. Tara Sanderson [00:00:59]:

Yeah. It's true. It's true. Well, let's talk about assessment. How did you get to a place where you wanted your practice to have an assessment tracker and assessment focus.

Dr. Lauren Pasqua [00:01:10]:

So, assessment was a very heavy part of my, of my graduate training. My training program emphasized psychological testing quite a bit. I did quite a bit of psychological testing during my practicums, and then also for my internship and my fellowship. And I have developed some specialty niches within that I'm an early childhood specialist, and autism specialist. And so I've

always known that I loved assessment and I loved therapy. So when I grew my private practice, it was natural that I would be, you know, offering both services. And then as I've grown and grown my team and, and developed into a larger group practice it's just expanded from there. Actually, what a lot of people who join us have to say is that they, they are drawn by the fact that in our setting, they have the opportunity to do both.

Dr. Tara Sanderson [00:02:01]:

Nice. Yeah. I love that. And I think that when people have spent a lot of time in their undergrad, not undergrad, their graduate work, building those assessment skills, it becomes so- It becomes, like, second nature to what you're doing. My graduate work definitely had an assessment focus and, of course, you know, when you're getting ready to go on to internship, they want you to have assessments and stuff, but I definitely spent way more time inside of the clinical track. So it's like, I know how to do this, but it's not that second nature in the same way that I'm sure it is for you.

Dr. Lauren Pasqua [00:02:34]:

I think it is. Yeah. I'm very passionate about assessment. And I think it's such a wonderful way to get really clear on what the treatment should be.

Dr. Tara Sanderson [00:02:45]:

Yes. Yes. I love that. Every time, I have clientele that I know I'm missing something, there are a couple of other psychologists in the area that I, like, tap in to say, like, I need more clarity because I want to do this well with this client, but I know I'm missing something that assessment would give me. And that I can't suss out on my own or, or the client doesn't have the the words to communicate what we're missing here.

Dr. Lauren Pasqua [00:03:10]:

Absolutely. Yeah. I think that's really important, especially with children and adolescents, which is my specialty, there can be so many variables that affect, you know, their functioning, their mood, their family system, and and without getting all those other pieces, sometimes I think, like you said, it's easy to miss.

Dr. Tara Sanderson [00:03:28]:

Yeah. Absolutely. So talk to us more about what- How how you set up your practice, how- To allow for both those factors, the, clinical side or the therapy side, not clinical, the therapy side, and the assessment side.

Dr. Lauren Pasqua [00:03:43]:

So when people contact us often, they are contacting us for one or the other. So a lot of people are already know that they are seeking out an evaluation. They may have been referred by a previous- Another professional, like a physician or a, a school professional or maybe another therapist even. Or maybe they have their questions of their own and that they feel like they really wanna get clear on or get an answer to. So those people for sure are coming to us directly for testing, and we already know that. They're getting funnel right in for an intake that's assessment focused and moving towards that process. Some people within our practice actually begin the therapy process with one of our clinicians and then through the course of of doing that work, they also have that similar feeling that you described of, like, something's missing or I'm picking up on something that, you know, I think I need to get more clear on. And they refer internally for, for that evaluation to be completed by another clinician.

Dr. Tara Sanderson [00:04:40]:

Yeah. So when when clients come through, they kind of go one of the two paths or maybe get referred back and forth on those paths, what are you doing on the back end? The training end for your supervisees, to help them kind of navigate those two systems in your practice.

Dr. Lauren Pasqua [00:04:58]:

I'm not sure I quite understand what your, what your, what your- What your question is. But in terms of, like, how I structure, there- Our post-doctoral training program, I can really speak to that. If that will maybe help you? So when we take post doctoral fellows, we have- We're- Each year, we're getting better and better and more structured as we're moving towards that APIC accreditation or- Or at least similar to what an APIC site would entail. So we, we have a didactic hour. And then the beginning, the first half of the year, it's very assessment heavy. So we're really working a lot on making sure that they, that each of the- The clinicians has very strong understanding of a variety of different assessment measures. They can use those skills to answer different kinds of assessment questions. That they're thinking through what questions need to be answered and what measures they would need incorporate to answer that question most thoroughly. So that's a big part of the first half of the year. We also have them shadow assessment focused intakes.

Dr. Tara Sanderson [00:06:02]:

Nice.

Dr. Lauren Pasqua [00:06:02]:

Yeah. So that the lead clinician or the lead psychologist is, for the first, you know, few at least, kind of driving the conversation, using our kind of assessment framework, and they're kind of getting the sense of what type questions we would be asking, how we would be clarifying what

the questions the family wants answered are, and how to develop the questions that will guide that assessment process. So that's a piece that I think is really cool and unique. And then over time, they would begin taking over the intakes as insurance allowed, and being able to do their own question gathering while the lead clinician is observing. And then the final process would be just kind of independently doing those intakes without, a shadow, so to speak. Yeah. So that's kind of our initial process with the intakes. And similarly, we're doing that same kind of process of the of the shadowing by, you know, one and then the other direction for the first few evaluations just so that we can all be sure that we feel confident in their assessment and administration skills.

Dr. Tara Sanderson [00:07:06]:

Yeah. I know that one follow-up question is always gonna be, how do clients feel having somebody shadow, having somebody having a, a- A postdoctoral resident do the thing, but having somebody shadow them. How do they feel during that process?

Dr. Lauren Pasqua [00:07:23]:

Well, I can't speak to exactly how they feel, but I can tell you that the feedback we usually get is positive. I think a lot of it is how you set it up on the front end. So we definitely have our client care coordinator, you know, share that we are a training clinic, that we're training postdoctoral fellows, or practicum students and that would the family feel comfortable having, you know, that person shadow or participate in the evaluation. I've only had maybe 1 or 2 people say they wouldn't be comfortable. So I think when you prep people ahead of time, they're pretty open. And then he also was a- Been kind of trained to talk about how you're getting kind of a twofer. You're getting the brain of not only the lead clinician or the psychologist, you're also getting the brain of the postdoctoral fellow, all of their knowledge, and experience. And then we've taken it even a step further than that, we are really presenting now that we have an assessment team, and we meet weekly for case consultation and talk about all of our cases, and everybody brings cases that they have questions about. So they're getting the brain, really, of an entire group of psychologists. Which I think elevates our evaluations to a really fantastic level.

Dr. Tara Sanderson [00:08:30]:

Absolutely. And I wanna echo that part about kind of creating this framework of being a, a of a teaching practice, that this is a, this is a rhythm of what we do. And when we normalize it first, and we're unapologetic about it ourselves, it does come across really easily to our clients. I'm I'm with you in the same boat of I have students who sit in with me or supervisees who in with me for therapy or different kinds of things. And in that process, I hardly ever get any, like, pushback from clients because they're like, oh, yeah. You told me upfront that this was this was potentially going to happen or this does happen. So, yeah, of course they can come in or or what what have you. And even the times I've had somebody kind of push back, you know, I don't try and convince anybody where I'm happy to, like, not to do that piece if if that's what's

needed. But I often will have a conversation with them about, you know, like, what was it that you didn't feel comfortable with? And usually, it's just like, well, it was just a new person. And wasn't even that they were a student or a supervisee or, like, we're evaluating them or anything. It was just like, oh, it was just a new person, and I was a little nervous. So but now that I'm over it, like, yeah, or they can come in and it's not a big deal. And it's just it's amazing how much when we have that confidence about this is why important and this is what we're doing and this is what you're getting out of it, that clients really do just kind of glom onto that and go, okay. Sounds like that's what we're doing. Let's go.

Dr. Lauren Pasqua [00:09:52]:

I agree. 100%. Yeah. Recently, the only time I had a parent who asked, well, don't you think that would make the kid uncomfortable if, you know, having multiple individuals in the room? And I had to say, actually, I don't find that they that it's they're uncomfortable. In fact, they really like all the personal attention. And parent the parent was like, oh yeah. That's a good way to look at it.

Dr. Tara Sanderson [00:10:10]:

Yeah. Absolutely. That's wonderful. And I think that especially for assessment stuff, I think you- We, we do need someone helping us watch for our our kind of blind spots as we're doing assessment, to make sure that we're doing it to fidelity, to watch for those things that we, especially as we're in training, you know, are practicing doing it still, that we don't have that muscle memory. You don't have that, all those other pieces that we're able to see some of that element. And I love the idea of them watching somebody else who is working through the problem. Right? I almost think of assessments kind of like a Rubik's cube of, like, every time something happens and changes, were having to be a part of that process to figure it out. So, a supervisee watching this person do that figuring out, right, and then going to those meetings, and wrestling through all the questions, and then switching positions to where they're figuring it out. And someone else is able to say, oh, yeah. Well, don't forget this. And here's where something else has come in and what other questions could you ask to get to the response that you're needing here? Just give such a breadth of training and opportunity for them to really master this skill, cause I this is- It's a really important skill for getting that clarification of diagnosis and treatment plan for whoever's getting the evaluation done.

Dr. Lauren Pasqua [00:11:29]:

I- I 100% agree.

Dr. Tara Sanderson [00:11:31]:

Mhmm. Yeah. When you talked a little bit earlier about figuring out which assessments you're, you're gonna have them do. Do you have specific, like, batteries that you have kind of set up for them to do, or it sounded almost like you let them figure out what the referral question is and

and wrestle with what assessments would answer that question.

Dr. Lauren Pasqua [00:11:50]:

Yeah. So we we typically for children and teens, most of the time, unless there's a reason not to, we include fairly consistent elements. So evaluating intellectual functioning, evaluating some executive functioning skills, adding in the parent and teacher report of, you know, what their experiences are in those environments of emotions and behaviors. And then from there, we might personalize some of the other aspects depending on what the question is we're trying to answer. So we get a lot of autism evaluations. So then we're gonna be adding in autism specific measures that we may not give each person. We may be adding in some educational assessment measures to try to target if they're a learning issue or disability, other kinds of targeted rating forms for like trauma, or eating disorders, or OCD. Those kinds of things that wouldn't necessarily be needed for every referral question.

Dr. Tara Sanderson [00:12:50]:

Yeah. I love that. When when I remember some of my best assessment training from my graduate school and from my internships and stuff, I remember there being such a huge difference between the places that had very cookie cutter- cookie cutter kind of, this is what we do. And places that were like, well, what assessments that we know of would answer this question, right? And finding that blend of, like, here's the baseline of where we're wanting to evaluate at this piece, but then as we get information, what other stuff do we need to add to get to where we're going?

Dr. Lauren Pasqua [00:13:25]:

Exactly. Yeah. I think really targeting the evaluation. It helps in terms of time efficiency and financial efficiency for the family. Instead of just like, let's just throw the whole, you know, book at you and give you everything we can think of, really trying to, you know, fine tune what's gonna get us there and the fastest amount of time and with the, with the least complications.

Dr. Tara Sanderson [00:13:50]:

Yeah. Absolutely. Speaking of financial stuff, we had chatted a little bit earlier before the, before the interview about my observations of insurance companies not wanting to reimburse and things having to go to private pay, and that it has been really complicated for me in my practice to try and add in assessment or evaluation kind of pieces. And your response to that was wow. That is not my experience. I wanna know more about your- How you navigate payment, insurance. And you don't have to give details of, like, your costs or anything, but- But, yeah, how do you how do you see that working in, in your practice?

Dr. Lauren Pasqua [00:14:27]:

So I think broadly, there is some truth to what you said in that insurance companies, particularly, we we primarily work with major commercial commercial insurance. So we're well, that's what I'm referring to when I speak of insurance company. Over the time, over the years have, I think, become less, willing to pay for a very broad, very detailed, time intensive evaluation. They typically, like, have a kind of a cap on the number of evaluations per year and the number of hours per evaluation.

Dr. Tara Sanderson [00:14:59]:

Mhmm.

Dr. Lauren Pasqua [00:15:02]:

I actually haven't run into too many companies that actually are requiring pre-authorization. They had stopped doing that to some degree, although, with the new incoming recession issues that may, you know, pick up again. But just kind of trying to stay within that limit of what we know is typically covered for each referral question by each particular insurance company helps us to bill and get paid consistently for the work that we're doing. I think also the field is moving quite a bit, partially driven by these these financial issues, to kind of more of a technician model. Having technicians who are well trained, do the administrative piece, administering scoring, maybe a little data entry of tables, And then having, you know, the thinking codes, the thinking work be done by a more advanced, psychologist. So that is part of our model. And I think where we're gonna be moving to more, to make that whole- The whole thing more financially feasible. Although insurance doesn't reimburse as highly as, you know, per code as high as they do for therapy, when we look at efficiency of office space use, it actually makes a lot of sense. Because most of our therapy clients, you know, particularly for kids, they wanna come after school. And so a lot of those morning hours are not being utilized, even though we're paying for the space, and we have all the overhead. So having our clinicians utilize the space to do evaluations during the day is helping us maximize our efficiency of office space, our efficiency of overhead. Everybody gets more of a balanced schedule because they have sometimes where they're seeing clients in the daytime, and they don't have to do all evenings.

Dr. Tara Sanderson [00:16:48]:

Yeah. Yeah. That is huge, especially for a practice that is so based on children and adolescents. Yeah. I would find that it would be difficult to fill those spaces during the day, but have assessment where you're doing the writing portions of it, or even that you are, you know, it's a different thing to pull a child out of school for a day of assessment versus every week at 10 AM. Right?

Dr. Lauren Pasqua [00:17:08]:

Yeah. And most people are very amenable to that one time, maybe two time, school miss with a, you know, we give an, an excuse so that it's excused by the school. And we just gotta put it- Like you said, like, earlier, we just frame it up, like, this is when we have availability for testing.

Dr. Tara Sanderson [00:17:23]:

Yep. Yep. And, and realistically, I feel like from the from the perspective of a kiddo, like, that is probably when we're also gonna get our best results rather than they spend all day at school, and then they show up at your clinic to try and like-

Dr. Lauren Pasqua [00:17:36]:

Absolutely. Yeah.

Dr. Tara Sanderson [00:17:37]:

Use their brain a lot.

Dr. Lauren Pasqua [00:17:39]:

Yeah. And I think parents, when you explain that, they're kind of agreeable. Like, you're right. They're not gonna be their best, on their best game if they come at 3 PM.

Dr. Tara Sanderson [00:17:47]:

Yeah. Absolutely. Absolutely. When you were figuring out that process with insurance on, on how many, how many hours or how many of these codes or those pieces. Is that a trial and error process? Was there any way to make that easier for folks?

Dr. Lauren Pasqua [00:18:02]:

Yeah. So some of it was trial and error, and then some of it was consultation with other professionals that, you know, specialize in doing evaluations. I'm gonna give a little plug here to Jeremy Sharp at The Testing Psychologist. Did do a mastermind with with him and some other lovely clinicians, did some consultation with some other folks who really had already integrated evaluations into their group practice, and those were all really helpful.

Dr. Tara Sanderson [00:18:27]:

Yeah. I love that. I love The Testing Psychologist. I am on their Facebook group and just gather so much good information from the people in there. It's amazing.

Dr. Lauren Pasqua [00:18:38]:



Yeah. It's- I think we have to just learn from each other and, you know, and see what works and what doesn't. To some degree, it is a little trial and error.

Dr. Tara Sanderson [00:18:44]:

Yeah. Yeah. And I think that's one thing that a lot of people as they're getting started into having supervisees, especially if they're thinking they're gonna add them into maybe their own already testing focused practice is, like, how- How much am I going to have to to gamble with, on this trial and error process of what can be billed and what can't be billed and how much can we charge? And, it's I- It's a good reminder that there are people out there who have already done this that you can, you know, pay a, in a quick consultation fee, or sometimes they're really generous and and give some of that information away for free. But, to really remember to to connect out. That we don't have to remake this on your own.

Dr. Lauren Pasqua [00:19:25]:

Absolutely. Yeah. I think that in general, as a field, we really need to work together to continue the success of our, our practice and our profession.

Dr. Tara Sanderson [00:19:35]:

Yeah. Yeah. Especially when we're talking about insurance stuff, I like, there is- There is a lot of trial and error with that process. There's a lot of information that the insurance company won't give you. So you do just have figure some stuff out. And if you can work together and gather the information that makes you feel comfortable- I'm a pretty, risk averse person. So until I hear something from, like, an official source, I always take it with a little bit of salt on whether or not that's a thing I can do. But, I do feel like if I know the right wording or if I know the right terminology or if I know the right question to ask, that makes my life easier when I go to get that from that official source. When I try and come with my own language. A lot of times, I feel like I get, not turned down by the insurance company, but the insurance company is like, what do you- I don't understand what you're asking for. And then I get stuck. Right? So crowd sourcing some of that information to be able to make sure that I feel really confident, before I ask the insurance company or move forward, I feel like is is one of the really huge benefits of those Facebook groups or those those, community resources.

Dr. Lauren Pasqua [00:20:39]:

100%. Yeah.

Dr. Tara Sanderson [00:20:41]:

Yeah. So we- When we were talking a little bit about the insurance part, another question that

comes up every time somebody talks about insurance and people who are pre-licensed is how can I bill for that? What does that look like? And I tell people all the time that every state is different. Every insurance company is different. So never take anybody's, like, global truth to be your global truth until you've checked on it yourself. But for you in, Texas. Right?

Dr. Lauren Pasqua [00:21:09]:

Yes. Texas. Uh-huh.

Dr. Tara Sanderson [00:21:11]:

For you in Texas at your practice with what you know, how did you go about figuring out what you could bill insurance for and what you couldn't, when it- When we're talking about pre licensed folks?

Dr. Lauren Pasqua [00:21:21]:

Sure. So most- Almost every commercial insurance company has technician codes that are for testing, administration, and scoring. That is done by a trained clinic- Or a trained technician. So that for sure without, you know, even going any further, the majority of your insurance contracts probably would cover, trainees to do that aspect of the evaluation process without you even being in the room. Being accessible, of course, but not even having to be in the room. So that's nice, just knowing that. Beyond that, we have had some success getting a couple of insurance contracts that allow for supervisory billing, and that would- That does expand the opportunity for our trainees to be able to do more of the intake and feedback components of their evaluations as well. So that's been really wonder- And, and the report writing and just kinda seeing the whole through from start to finish. So that's actually been really wonderful too. So they get kind of a blend of just doing, you know, more of the administration and scoring components while the licensed psychologist completes the the write ups and the data, and then they get the the full, you know, spectrum with some other insurance plans.

Dr. Tara Sanderson [00:22:35]:

And what a good reminder for everybody who's listening that, that in the world of the therapy codes, we don't have that same kind of thing where you can just have a technician do part of it. But in the assessment world, in the evaluation part of it, there is already that built in system where a technician does certain things, and then the psychologist does the rest of them. And- And then in addition to that, you've got the supervisory billing aspect for some insurance companies, as you do the research to add that onto your practice.

Dr. Lauren Pasqua [00:23:07]:

Exactly.

Dr. Tara Sanderson [00:23:08]:

Because I do think that, you know, when we, when we really pushed for this parity inside of the medical world, there were some parts of it that were hugely beneficial to us. And I think this is one of them. Where, where the medical world has a model where peep- Where people that are at different levels of training can do certain things for the doctor, and then the doctor can just approve and do those is all without the term supervisory billing because it is just built into how they scope their treatment and do those different levels. And assessment for us really offers that opportunity in, in that same way. Do you do any type of training that is different based on the fact that they are doing this as a technician versus as a, as a- Instead of being the supervisory billing or the incident two billing part of it. Or, do you kind of just level out that training of, like, this is just how we do what we do here?

Dr. Lauren Pasqua [00:24:01]:

When I'm conveying it to to other people? When I'm conveying it- Is that what you mean?

Dr. Tara Sanderson [00:24:05]:

To the, like, postdoctoral residents or to the supervisees.

Dr. Lauren Pasqua [00:24:10]:

So they're aware of the difference, you know, what their role is with different insurance plans. And so it's pretty clear to them, you know, what role they're gonna take on a case. If, if that makes sense. And we have it kind of laid out in our policies. You know, here's how we do, billing and assessments for this insurance company, and here's how we do it for this insurance company, and here's kind of what part you're gonna play. And when you're gonna, you know, hand it on over to your supervisor, etcetera. So I think just having that really organized and clarified at the get go helps a lot. Having- We have a testing manual that we have all these kinds of information, placed in as far as even down to, you know, how you administer different tests and what tests you might consider for different kinds problems, having that structure is really helpful. Again, I'll plug Testing Psychologist. I did get a good framework for that from purchasing his, one of his kits.

Dr. Tara Sanderson [00:25:07]:

Awesome. And I- And I'm so grateful that, that you spoke to that level of, like, being organized for this process because I think that one of the pieces that I wrestle with all the time when I'm consulting with people as they're adding, like, supervisees into their practice, is saying, like, you need to manualize everything. And everything you think you- You've explained well enough, like, explain it more in your manual. So that people can go back to that same place, understanding

the element of, you know, with some insurance companies, you are going to be at this level of, of navigating these assessments. And with some insurance companies, you can do at this level. And during our process here, we're gonna have you do of shadowing and a lot of this level. And then towards the mid end of our time together, we're gonna switch you and have you do more of this level and more in this way. That when people know the trajectory, when our students, our supervisees, know the trajectory of where they're gonna go and have a place to go back to to understand those pieces, I think that they they get just a better, a better sense of the industry, number one. But they get a nice calm of being like, I am taken care of here. I don't have swim this alone. I don't have to figure this all out on my own. I'm not just bouncing around to a million things. And, and I think that that is really important as especially when they have been kind of structured all the way through grad school. And then sometimes I feel like they sometimes they often get, like, dumped into a role where it's, like, oh, now you're you're a psychologist resident. You can do it. It's fine. And then they, they- They don't know what they're doing and then all that imposter syndrome sneaks in. Which all have in our own way anyway, but I love this idea of, like, you're you're giving them enough to, to really get grounded in, and they're having to wrestle with and learn as they grow, because that's another part of being a psychologist is that you're always wrestling with stuff and learning stuff and figuring out new ways to make it happen.

Dr. Lauren Pasqua [00:27:04]:

Absolutely. And assessment, I think, it is especially true because it's- It is sort of, like, every time a puzzle that you're trying to find the pieces and put them together to make a whole. But I love that. You know, it's always different and interesting and exciting.

Dr. Tara Sanderson [00:27:18]:

Yeah. Absolutely. If you were gonna give a piece of advice to folks who are, thinking about adding assessment or evaluations into their practice, what would be a piece of advice?

Dr. Lauren Pasqua [00:27:30]:

I think a good place to start is considering what your assessment strengths are, what kind of evaluations you feel really confident doing, and then going from there. So maybe start with one kind of evaluation you know, if say you really love to do ADHD, you feel really confident that you can assess for that, I would start there. Buy the measure that you need to to answer that kind of question, that's within your scope, and then kind of expand as you feel confident and you get some some experience and some success.

Dr. Tara Sanderson [00:27:58]:

Yeah. Absolutely. I think that that is, not what I did in my practice, and it totally would have helped me to be a little bit better at that. I think I went broad at the beginning and then had to tailor back down. And now we only do, two different types of assessments right now and will

build onto that as that program grows. I also think that it is interesting, thinking about size, right, when we're talking about how big your practice is and what you're growing into and, and what you can handle in that process. Because when you add on, obviously, another employee or a postdoctoral resident or those pieces, you now have business-y decisions to make of, your employees in that process. But there's also other things that come into play for navigating new referral sources and navigating different calls that come and, trying to, I use the terminology of, like, wearing different hats a lot for, like, this is my supervisor hat versus my boss hat versus other things. And, and I think about those times where I've been on our referral, you know, network and saying like somebody calls in and says they want an evaluation and it's not one of my current two. That my clinician hat pops in is like, oh, that sounds interesting how can we make that happen. And I have to, like, quickly replace with my boss hat and be like, no, we only do these two right now. Don't take that one. Give it to somebody that you know does a great job at those. But having that balance, right, of teaching our clinicians to have that balance of sticking with your strengths for a while, building that really strong support and reserve, and then moving forward, when you when you start noticing that you're you're ready for another layer as you're adding things in.

Dr. Lauren Pasqua [00:29:40]:

Yeah. And for us, I think I'm considering now at the size we are that, you know, what what, type of clinician or psychologist would be a good addition to our team so we can expand, you know, our offerings and what what our specialties are. As well as what we're training our, our- Our supervisees in. Do we need to add someone who is really has more experience doing, projective measures and ruling out psychotic disorder? Or do we need to add another school psychologist who's really well versed in educational evaluations? So that's kinda where I am now and the growth of practice as we've kinda really stabilized our assessment and training program.

Dr. Tara Sanderson [00:30:19]:

Yeah. That's wonderful. Can you tell us a little bit more about your practice, like, how you've got it structured with, like, how many clinicians you have, how many assessment groups, those types of things?

Dr. Lauren Pasqua [00:30:30]:

Yeah. So, my practice is actually multidisciplinary, so we don't just have psychologists. We have master's level clinicians of all types. So LCSW LMFT, LPC. We're very family focused, so not only do we see children and adolescents, but we also serve couples, families, women, parents, kind of the gamut. And, all of our clinicians do have their own unique specialties and what kinds- And the kinds of cases they prefer therapeutically, you know, I'm I'm referring to. And additionally, we're kind of developing some specialty programs. We already have launched a comprehensive DBT program. We're intensively trained. Yeah. And we're working on an eating

disorders program. Next, I think, will probably be a more robust anxiety and OCD treatment program. As we can see, you know, that that's really coming into play now post-pandemic. So that's kind of our our practice of the whole. We're very family focused, relationship focused, evidence based treatment is a big, characteristic of, of our, our- What's important to us. And for assessments in particular, we do actually assess the lifespan, but the for adults, we're really focusing more on ruling out ADHD and Autism. But alongside that, we have discovered that ends up looking like ruling out a lot of other things that look like. So-

Dr. Tara Sanderson [00:31:53]:

Yep.

Dr. Lauren Pasqua [00:31:54]:

Trauma, personality disorders, even psychosis, you know, all these other things. So that's where I say, like, I'm looking now at who else can we bring in that's gonna be able to augment our, our expertise, and really help us provide a more robust evaluation.

Dr. Tara Sanderson [00:32:10]:

Yeah. That's great. Thank you for that kind of the structure of your program because I do think that sometimes people when they hear some of these interviews, they're just like, yeah. But, you know, how would this work for me? I think sometimes getting that broader picture helps us to say like, ah, this is where this would fit in for me or this is where I see them growing and and where I could potentially do something, so that's awesome. Well, what else would you like to tell us about your practice or your world or any any of your programs and things that you'd like to plug, before we wrap up?

Dr. Lauren Pasqua [00:32:41]:

Well, I would say what I'd like to plug because it's related to this topic is kind of what I've been sharing and that we are, looking and hoping to bring in clinicians that- Or licensed psychologists in particular that have different assessment and therapy specialties that would kind of fit nicely with what we're doing and who actually have a passion and a desire grow in their training and supervision. Because we are, you know, growing our supervision and training program. We've already a practicum student and hoping, you know, in the future, maybe to even, grow into the internship realm, which is its own beast.

Dr. Tara Sanderson [00:33:14]:

Yes. For sure. Yeah. Having having somebody who wants to come in and be a part of growth is, is what you're looking for that like, is gonna help. Mhmm. Yeah. I love that. Well, if you are out there and you heard this and you're ready to be a part of, a wonderful program in Texas, you

feel free to us a holler, and we will connect you, with Dr. Pasqua because I think that that is amazing that you are doing the growth and everything out there. So we are going to post your link at the bottom of our show notes. Do you guys do any social media anything that you want posted there as well?

Dr. Lauren Pasqua [00:33:51]:

We have Facebook and Instagram. Mhmm.

Dr. Tara Sanderson [00:33:53]:

And where can we find you at those? What's the the handle?

Dr. Lauren Pasqua [00:33:57]:

Our Instagram handle is @CCFC. Pretty sure.

Dr. Tara Sanderson [00:34:02]:

Cool. Well, I will make sure to double check and put the right one on there for everybody. Well, thank you so much being here today. I feel like I learned a lot. You helped me refocus back to some of the passionate pieces about assessment and evaluation. So it's been wonderful.

Dr. Lauren Pasqua [00:34:17]:

Thanks so much for having me. I've enjoyed our conversation as well. It's been really cool.

Dr. Tara Sanderson [00:34:20]:

Great. Thanks, everybody. See you next time.